

RATES & FORMS
HEALTH & DISABILITY SECTION
GENERAL FILING INSTRUCTIONS



OFFICE OF INSURANCE COMMISSIONER

May 23, 2006

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I

Q&A

General Filing Instructions For HMO or HCSC Forms

1. Question: What Are General Filing Instructions And What Do They Apply To?

Answer: The purpose of this document is to clarify how licensed health carriers are to file contract forms, rate schedules, and modifications to contracts and rates with this office. For purposes of these general filing instructions a licensed health carrier is a:

- a. **Health Care Service Contractor** licensed per RCW 48.44
 - These carriers offer prepaid health plans and are subject to all state mandates.
- b. **Limited Health Care Service Contractor**, licensed per RCW 48.44
 - These carriers offer "limited" prepaid health plans such as dental or vision only benefits.
- c. **Health Maintenance Organization**, licensed per RCW 48.46
 - These carriers offer comprehensive health medical plans and are subject to state mandates pertaining to HMOs.

The above licensed health carriers are subject to numerous filing requirements that are dependent on the type of health care products marketed.

2. Question: Why Must A Carrier Conduct Business In Its Licensed Name?

Answer: RCW 48.44.040 requires health care service contractors (HCSCs) to register with the Office of the Insurance Commissioner (OIC). RCW 48.44.015 states that no one may act as a health care service contractor without first being registered with the OIC. RCW 48.44.016(3) states anyone who knowingly violates RCW 48.44.015(1) is guilty of a class B felony.

RCW 48.46.040 requires health maintenance organizations (HMOs) to register with the Office of the Insurance Commissioner. RCW 48.46.027(1) states that no one may act as a health maintenance organization without being registered with the Office of Insurance Commissioner. RCW 48.46.033(3) states that anyone who knowingly violates RCW 48.46.027(1) is guilty of a class B felony.

Due to the above statutes and this office's responsibility to ensure health plans are being administered correctly, carriers must conduct business in its licensed name. For example, the following forms must clearly indicate the correct name of the licensed carrier:

- All enrollment forms or change forms
- All group master application forms
- All contracts
- All certificates of coverage
- All summaries of benefits
- All collateral documentation, handouts, marketing materials
- All member identification cards, explanation of benefits, etc.
- All provider agreements

3. Question: How Should A Filing Be Submitted?

Answer: With the exception for certain network reports, all filings should be submitted in camera ready format. Standard Master Filings should include a strike-out copy listing the changes (*Please see questions 21 & 22 pertaining to the replacement process for small group and individual filings*). Please note our office

images all filings. Therefore, we ask that carriers not submit duplicate filings when making a form submission. It is not acceptable to file form or rate filings in the following manner:

- **In Draft Format.** All filings should be in final format.
- **In Binders.** All filings should be filed with a single rubber band or clip. Please do not use multiple staples or paper clips when submitting a filing.
- **In Multiple Pieces.** Filings should be submitted as a complete submission. Our office does not have the resources to collate replacement pages or benefit changes for filings already submitted for review.
- **Marked As Confidential.** With the exception of "not for public" rate filings, all documents on date received are subject to public disclosure; therefore, they cannot be filed as confidential.

4. Question: What is a Standard Master Contract?

Answer: Standard Master Contracts are the "core" or off the shelf contracts filed for small or large groups per the 18-month timeframes of WAC 284-43-920.

- a. Standard Master Contracts **must** contain a group master enrollment application, individual enrollee/member application, rates, certificate of coverage (COC) and **may** contain riders that offer additional benefit options.
- b. Standard Master Contracts are considered "off the shelf" products. This means all products that contain a standard set of benefits sold to a group or sole-proprietor for a rate that is not subject to negotiation. These forms **must be** filed before you can offer them, including filing any modifications you make (RCW 48.44.040, RCW 48.46.060). Contract modifications must be identified in a separate copy containing underlines, highlights or strikeouts on the contract form.
- c. Standard Master Contracts must be re-filed no later than 18 months from the effective date requested on the transmittal form (WAC 284-43-920). **[Note: The cover letter must state this is an 18-month filing with a summary of the major changes.]**
- d. Please note that new plans require an Access Plan be filed as well (WAC 284-43-210).
- e. The OIC prefers standard master contracts be submitted 90 days prior to the effective date.

5. QUESTION: What Are Negotiated Group Contracts?

ANSWER: A negotiated group contract is unique to a specific group or association. Please note that while *Washington State law requires every standard master contract, certificate of coverage, application, rate, and endorsement/rider to be filed prior to use*; negotiated contracts must be filed within 30 days after the completion of negotiations or renewal premiums are implemented (see WAC 284-43-920). Filings received after this timeframe may be subject to enforcement.

Please note there are two ways to file negotiated contracts. They are as follows:

- a. **Short Form Filings** - A contract with 12 or fewer deviations from the current standard master contract. The OIC has termed this method of filing a "short form" because the entire contract is not required to be filed.

To speed products to market and expedite the review process, the OIC agrees small variations in negotiated contracts do not materially alter the standard master contract on file. These variances will be allowed as "deviations" as long as these variances are identified in a "short form" filing. For example, deviations might include: "for public rates", alternate language from the standard master, different copayments, coinsurance, association or trust paperwork, etc.

Please note, endorsements are not generally accepted for short form filings.

- b. **Fully Negotiated Group Contracts** - A contract with 13 or more deviations from the standard master contract form. You must file a fully negotiated group contract including the required documents.

Short Form Filings or Fully Negotiated Group Contract Filings must include the rate schedule and the experience report of WAC 284-43-950 with corresponding transmittal. You do not need to file WAC 284-43-950 under the following exception:

Exception: You may request to file annually an actuarial memorandum or rate manual that includes rating methodologies you use to determine large or negotiated group rates. If you have such a request on file and the large or negotiated group rates are based on the filed rating methodology, you do not need to include WAC 284-43-950 in your short form or fully negotiated filing.

6. QUESTION: What Generally Must Be Included In A Short-Form Or A Fully Negotiated Filing?

Answer: Filings must include the following--

- a. A transmittal (INS-1120) for the *contract* and a **separate** transmittal for the *Proprietary Rate* (WAC 284-43-950).
- b. A cover letter containing the standard contract number that is the master for this negotiated contract and a specific list of deviations showing how the negotiated filing differs from the standard master contract. Please incorporate an explanation of the deviation or provide the page of the contract that includes the deviated language.
- c. For Association, Trust, and Member governed group contracts, the cover letter must include the following:
 - i. Purpose of the Association or Trust (By-laws)
 - ii. Attach or list eligibility rules for membership in the Association or Trust including membership fees if any.
 - iii. Attach or list eligibility rules for purchasing coverage through the Association or Trust.
 - 1) The "For-Public" rate.
 - 2) A completed "Groups Other Than Small Groups Filing Summary" as described at WAC 284-43-950.
- d. Fully negotiated filings must also include enrollment forms, certificate of coverage, and the contract.
- e. A copy of the cover letter for the proprietary rate filing.

7. QUESTION: What Is A Rider, An Amendment, An Endorsement?

ANSWER: A Rider is typically an additional offering or exclusion that is included in a policy at the time of issue. For example, a pharmacy rider might be attached to a health plan policy. An Amendment typically changes a certificate of coverage already in force. For example, an amendment might be added explaining that the benefit for chemical dependency might increase mid-year through a health plan. An Endorsement, similar to an amendment, adds or removes contract language to an in-force health benefit plan.

8. QUESTION: What Is A "Blanket Endorsement"?

ANSWER: A "Blanket Endorsement" is an endorsement that applies to most of your existing contracts. It is used to endorse multiple contracts due to changes in state or federal law. A Blanket

Endorsement may also be used to bring multiple contracts into compliance using a single filing submission.

Please note a Blanket Endorsement is not for use with a single contract and should not be confused with a rider.

9. QUESTION: How Do I File A Blanket Endorsement?

ANSWER: To file a blanket endorsement you must include:

- a. A cover letter that clearly states this is a blanket endorsement applying to the contracts listed on the transmittal.
- b. Complete one transmittal listing the endorsement number for each applicable Line of Insurance box(es) *and* complete Section 22 “**Additional Form Numbers**” listing all applicable contracts.
- c. A rate filing is required in conjunction with the endorsement if a new or modification of the benefit affects the rate. If the rate is not affected, please note such in the cover letter.

10. QUESTION: How Do I file A Provider Agreement?

ANSWER: All Participating Provider, Facility and Subcontractor (template) Agreements require prior approval and must be filed at least 15 working days prior to intended date of use (Please note the OIC would prefer at least 30 days). Agreements may not be executed until they have first been filed, and until the carrier has either received a letter advising that the form has been approved for use or the agreement has been deemed approved in accordance with RCW 48.46.243(3)(b), RCW 48.44.070(2) and WAC 284-43-330.

A material change to an approved agreement requires:

- a. Submission of the new template with any modifications. Please include a second copy that includes underlines, highlights or strikeout language with the modified template.
- b. Submission of the addendum to be sent to contracted providers, if any.

Please note if a provider network is subcontracted then the agreement between the carrier and network as well as the agreement between the network and provider must be filed with this office. Additionally, per RCW 48.43.550, WAC 284-43-120 and WAC 284-43-300, the health carrier is held accountable for the actions of its subcontractors.

11. QUESTION: What Is A Small Group?

ANSWER: RCW 48.43.005(24) defines a small group as having at least two but no more than fifty eligible employees. Health plans offered to small employer groups must be filed with this office prior to use and be community rated.

12. QUESTION: How Do You Count Employees To Determine If A Group Qualifies As A Small Group?

ANSWER: Per RCW 48.43.005(10), an eligible employee is one who works on a full-time basis with a normal work week of 30 or more hours. Per RCW 48.44.023 (RCW 48.46.066(5) for HMOs), a health care contractor (or HMO) shall not require a minimum participation level greater than 100% of eligible employees working for groups with 3 or less employees; and 75% of eligible of eligible employees working for groups with more than 3 employees.

The participation level is based on the number of employees actually covered under the plan divided by the number of eligible employees. Please note that a small employer shall not include employees or dependents that have similar existing coverage when calculating the applicable percentage of participation is met. When calculating participation levels, employees with other coverage are not considered eligible employees.

13. QUESTION: What Are Network Reports?

Answer: There are four different reports that **must** be filed by health carriers.

They are as follows:

- a. **Provider Network Form A** as required by RCW 48.44.080, RCW 48.46.030, & WAC 284-43-220. This monthly report is submitted electronically and contains data on contracted providers.
- b. **Enrollee Network Form B** as required by WAC 284-43-220. This report is filed electronically on an annual basis and contains enrollment information by county per line of business.
- c. **Access Plans** as required by WAC 284-43-210 & WAC 284-43-220. Please note that an Access Plan is required to be filed prior to offering a new health plan or when there is a material change to an existing health plan. Access Plans must be filed in hard copy format.
- d. **Geographic Network Report** as required by WAC 284-43-220. This annual report is a geographic representation of enrollees and providers. This report may be filed electronically or via hard copy.

Please see our WEB page at: <http://www.insurance.wa.gov/industry/mainhealthcare.asp> for instructions.

14. QUESTION: What Are Conversion Plans?

ANSWER: Conversion plans are required to be offered to members who have lost coverage under their group health plan. These plans are part of the "state alternative mechanism" required by the federal government ensuring access to health care. Because conversion plans are not "true" individual plans they are not subject to the replacement of contract language provided in RCW 48.43.038 or the group requirements of RCW 48.43.035. Please note, however, that as part of the state alternative mechanism, once a conversion plan is issued it must continually be renewed.

15. QUESTION: What Are "Analyst Checklists?"

ANSWER: Analyst Checklists identify required elements that must be contained in a document filed with this office. Our staff completes these forms to ensure consistent reviews. Please note that the checklist is a tool listing the various legal requirements that must be contained in a filing, however, the analyst checklist is not meant to represent every law that might impact the filing. Copies of these checklists may be obtained at the following website:

<http://www.insurance.wa.gov/industry/mainhealthcare.asp>

16. QUESTION: How Do We Obtain A Status Of A Filing?

ANSWER: Carriers' can check the status of their filings by contacting the Rates and Forms Help Desk at (360) 725-7111 or via e-mail at <mailto:RFHelpDesk@oic.wa.gov>.

17. QUESTION: How Do We Obtain Confirmation of Final Action?

ANSWER: If you want notice that your submission has been processed you must submit a duplicate transmittal form (INS-1120) and cover letter. We will stamp and code these after we

process your filing and return them to you if you have provided a self-addressed stamped or metered envelope. Please do not provide duplicate copies of filings. They will not be returned.

If at a later date you need copies of a filing you may contact Public Records at 360-725-7000. Copies of these documents are available from our website or you may request hard copies that are subject to copying costs.

18. QUESTION: What Is The Definition Of Guaranteed Issue?

ANSWER: Guaranteed issue, specifically for group health plans, is regulated by RCW 48.43.035. Health carriers shall accept for enrollment any state resident within the group to whom the plan is offered and within the carrier's service area and provide or assure the provision of all covered services regardless of age, sex, family structure, ethnicity, race, health condition, geographic location, employee status, socioeconomic status, other condition or situation, or the provisions of RCW 49.60.174(2).

19. QUESTION: What Is "Guarantee Of Continuity Of Coverage" For *Individual* Health Plans?

ANSWER: Individual health plans are governed by RCW 48.43.038. Individual health plans are guaranteed continuity of coverage meaning the carrier cannot terminate coverage, except for:

- There is a non-payment of premium
- Violation of published policies approved by the insurance commissioner
- Member becomes eligible for Medicare
- Covered person fails to pay any deductible or copayment amounts owed to the carrier and not the provider of health care services
- Change or implementation of federal or state laws
- Covered person commits a fraudulent act against the carrier
- Covered persons who materially breach the health plan

20. QUESTION: What Is "Guaranteed Renewable" For *Group* Health Plans?

ANSWER: Group health plans are governed by RCW 48.43.035. The carrier may consider the group's anniversary date as the renewal date for compliance purposes. Group health plans are guaranteed renewable meaning the carrier cannot terminate coverage, except for:

- There is a non-payment of premium
- Violation of published policies approved by the insurance commissioner
- Member becomes eligible for Medicare
- Covered person fails to pay any deductible or copayment amounts owed to the carrier and not the provider of health care services
- Change or implementation of federal or state laws
- Covered person commits a fraudulent act against the carrier
- Covered persons who materially breach the health plan

21. QUESTION: What Triggers The Replacement Process?

ANSWER: Any change to a contract or certificate of coverage may trigger replacement. This includes carriers that are considering modifying a product by adding, deleting, modifying or replacing language; therefore, carriers should first verify with the OIC if the carrier will be subject to the replacement requirements.

If a carrier changes benefits or language, it is replacing its products and must provide the following:

- Must provide notice 90 days in advance of renewal date to the affected individual/groups offering the individual/group to enroll in any other health plan. For group plans this means the 90-day notice must be sent 90 days prior to the group's renewal date.
- Participants of individual plans may transfer to any open individual plan without completion of the standard health questionnaire. See RCW 48.43.038(3)(c).
- Participants of group plans (up to 200 employees) including small group plans must be allowed opportunity to enroll in any available open plan. See RCW 48.43.035(4)(c).

Note: The OIC appreciates submission of strike-out language on replacement products indicating all changes made.

22. QUESTION: When Are Changes To A Contract Not Subject To The Replacement Process?

ANSWER: Changes to group contracts are not subject to the replacement process when:

- The carrier has zero enrollment on a product
- The carrier notifies the OIC with 180 days advanced notice that the carrier is withdrawing from the state in which case notice must be provided to covered members currently on health plan. This notice must be calculated 180 days prior to the renewal date.
- There is a change or implementation of federal or state laws

Note: The OIC appreciates submission of strike-out language indicating changes made due to implementation of state or federal law.

23. QUESTION: What Are "State Mandates"?

ANSWER: Mandated health benefits are developed under the provisions of Chapter 48.47 RCW. Per RCW 48.47.010(7), a mandated benefit means coverage or offering required by law to be provided by a health carrier to: (a) cover a specific health care service or services; (b) cover treatment of a specific condition or conditions; or (c) contract, pay, or reimburse specific categories of health care providers for specific services.

Mandated benefit offerings and coverage are dependent on the type of product marketed. For example, carriers marketing catastrophic individual plans are not required to offer maternity coverage; however, the carrier must market at least one individual plan that does cover maternity.

For additional reference, please see the analyst checklist developed for the specific line of business.

24. QUESTION: How Can We Learn About "State Mandates"?

ANSWER: The required state mandated benefits for a particular line of business can be identified by reviewing the "Analyst Checklist" developed for that line of business. These checklists may be located on our web page at:

<http://www.insurance.wa.gov/industry/mainhealthcare.asp>

Additionally, the legislative page for the State of Washington contains the specific RCW or WAC for the mandated benefit. The web site also provides notices of forthcoming notices, meetings, and changes to rules. The state legislative page is:

<http://www1.leg.wa.gov/LawsAndAgencyRules/>

25. QUESTION: How Are Groups Rated?

ANSWER: Small group health plans are community rated and the medical experience of all small groups must be pooled for rating purposes. Carriers usually file one small group rate filing every 12 to 18 months. There are no particular rating requirements for the HCSC and HMO large groups. Carriers can file multiple rating methodologies for different kinds of large group pools, or a single case rate filing for a particular negotiated group. Please note that conversion policy rates should be generally included with small group ratings.

26. QUESTION: When Are Rates Required to be Filed?

ANSWER: Per WAC 284-43-920, rates are required to be filed before a new contract is offered for sale to the public. Additionally, rates must be filed for negotiated contracts within 30 days of the completion of negotiation. Or, every 18 months for forms that have not changed over that time period.

27. QUESTION: How Do I File A Proprietary Rate Filing?

ANSWER: Per RCW 48.02.120(3), in order to preserve trade secrets and prevent unfair competition, carriers may request certain documents related to rate development to be withheld from public inspection. Carriers must include a filing transmittal and identify those materials that are desired to be non-public by separately marking or stamping "proprietary" or "not-for-public" **on each page of the documents.**

28. QUESTION: Why Is There A New Transmittal For HCSCs And HMOs?

ANSWER: The current transmittal has been used over the past 6 years. However, due to recent changes in law affecting the Basic Health Plan "look a likes" and the "Small Group Limited Benefit Plans", this office found that the transmittal needed to be updated. Additionally, some carriers voiced confusion over how "collateral" documents such as disclosure forms should be filed. Based on these industry concerns, the transmittal was modified so that there is now an additional page just for the filing of these extra forms.

29. QUESTION: When Must We Start Using The New Transmittal?

ANSWER: The new transmittal will be accepted by this office immediately. Our office will require all HMO/HCSC filings to be submitted on the new transmittal effective August 1, 2006.

30. QUESTION: What Are The Major Changes Incorporated In The New Transmittal?

ANSWER: Due to recently enacted legislation, the transmittal was updated to include the "small group limited schedule of benefits" plan. For association type group plans, check boxes were incorporated showing that trust, union, or association paperwork (bylaws) is submitted with the filing. Because of the growing number of forms being submitted for review, a second page was added so that the additional form #'s can be listed.

Please note the new "additional forms" page is required with all submissions. Any filing received without this page will be considered incomplete and returned by the Technician Unit for completion, regardless if the form is populated or not.

31. QUESTION: What Does The Term "Static" Plan Mean?

ANSWER: This term is generally used when discussing small group standard master contracts. RCW 48.44.023 and RCW 48.46.066 define that a carrier must uniformly apply coverage to all small employers applying for coverage or receiving coverage from the carrier.

32. QUESTION: Does The Requirement To Offer "Static" Plans In The Small Group Market Restrict Variable Provisions?

ANSWER: Yes. Carriers must offer every small employer group the same benefit plan options. There are two exceptions for variable language. First, is mandated benefit offerings in state law. For example: Temporomandibular Joint Disorder coverage. A carrier may file variable language to account for election or rejection of the benefit. Second, a carrier may offer "limited benefit" coverage riders. For example, a carrier may offer a dental rider or vision rider.

Please be careful when designing your small group plans. Variable provisions such as multiple copay, coinsurance, or eligibility conditions are NOT acceptable. If you have any questions about what may be acceptable, please contact your Analyst for assistance.

II

FORMS

HEALTH CARE SERVICE CONTRACTOR/HEALTH MAINTENANCE ORGANIZATION TRANSMITTAL

1. Company ID	2. Company Name	For OIC Use Only		
		[] File ID	[] Analyst	
3. Date Submitted	4. Proposed Effective Date	Approved	Date	Initials
5. Contact	6. Title	Reviewed		
7. Phone	8. Fax #	Withdrawn		
9. E-Mail	10. Purpose of Filing	Disapproved		
		Acknowledged		
		State Tracking #		

Check all forms that apply to this filing. If additional space is required to list contract numbers, attach a separate sheet. Please fill out columns A through C every time you check a box

Line of Insurance	A Contract # Effective Date	B Prior Contract # Effective Date	C Product Name
STANDARD MASTER CONTRACT			
11. <input type="checkbox"/> Large Group Contract (51+)			
<input type="checkbox"/> Small Group Contract (2-50)			
<input type="checkbox"/> Group Application			
<input type="checkbox"/> Member Application			
<input type="checkbox"/> Certificate of Coverage			
<input type="checkbox"/> Endorsement/Rider			
12. <input type="checkbox"/> Individual			
<input type="checkbox"/> Application			
<input type="checkbox"/> Endorsement/Rider			
13. <input type="checkbox"/> Conversion			
<input type="checkbox"/> Endorsement/Rider			
14. <input type="checkbox"/> Network Reports			
<input type="checkbox"/> Access Plan			
<input type="checkbox"/> Form B – Network Enrollment			
<input type="checkbox"/> GeoGraphic Network Report			
15. <input type="checkbox"/> Other			
16. <input type="checkbox"/> Small Group Limited Schedule of Benefits			
<input type="checkbox"/> Group Application			
<input type="checkbox"/> Member Application			
<input type="checkbox"/> Certificate of Coverage			
<input type="checkbox"/> Endorsement/Rider			
<input type="checkbox"/> Benefit Brochure			
PRIOR APPROVAL		Agreement #/Effective Date	Prior Agreement #/Effective Date
17. <input type="checkbox"/> Provider Agreement			
18. RATE		Contract #/Effective Date	Prior Contract #/Effective Date
<input type="checkbox"/> Proprietary			Negotiated Contract #/Effective Date
<input type="checkbox"/> For-Public			
19. NEGOTIATED CONTRACT		<input type="checkbox"/> Employer	<input type="checkbox"/> Association
<input type="checkbox"/> Fully Negotiated	<input type="checkbox"/> Short-Form Filing	<input type="checkbox"/> Paperwork	<input type="checkbox"/> Paperwork
		<input type="checkbox"/> Government	<input type="checkbox"/> Trust
		<input type="checkbox"/> Paperwork	<input type="checkbox"/> Paperwork
		<input type="checkbox"/> Union	<input type="checkbox"/> Paperwork
Negotiated Contract Number:		Effective Date:	
Group Name:		Group Number:	
Standard Master Contract Number (short form filings only):		Effective Date:	
Forms Included in this Filing: <input type="checkbox"/> Contract <input type="checkbox"/> Certificate of Coverage <input type="checkbox"/> Group Application <input type="checkbox"/> Enrollee Application (Please list form numbers in Section 22 attached)			
20. NEGOTIATED ENDORSEMENT/RIDER (FOR FULLY NEGOTIATED CONTRACTS ONLY. PLEASE COMPLETE FIELD 19 ABOVE.)			
Negotiated Endorsement/Rider Form #:		Changes Apply to: <input type="checkbox"/> Contract <input type="checkbox"/> Certificate of Coverage	
Please note that rate filings and form filings must be submitted together for new plans			

21. Additional Group Numbers:

22. Additional Form Numbers:

[illegible]

This Schedule is Part of Contract #:
Effective Date:

INSTRUCTIONS FOR COMPLETING THE TRANSMITTAL (INS – 1120)

Transmittal forms that are incomplete or missing information will delay your filing because they cannot be processed and will be returned to you.

1. **Company I.D.:** Enter the code located on the certificate of registration assigned by the OIC.
2. **Company Name/Address:** Enter the company's name and mailing address as registered by the OIC.
3. **Date Submitted:** Enter the date the filing is mailed by your company
4. **Proposed Effective Date:** Enter the prospective date on which the filing would be in effect. If the filing is for a negotiated group, enter the date on which the filing is to be, or was effective. This date should not be more than 30 days prior to the "Date Submitted."
5. **Contact:** Enter the name of the person who prepared the documents for submission.
6. **Title:**
7. **Phone:**
8. **Fax #:**
9. **E-Mail:**
10. **Purpose of Filing:** Describe what the filing is intended to do, in 10 words or less. For example, "This filing will add the new women's health care language."
11. **Large Group Contract/Small Group Contract:** Check if filing a large group or small group standard master contract (under 50) and group application, member application, certificate of coverage or endorsement boxes.
 - A. **Contract Number/Effective Date:** Enter the number and date used to identify the contract. This number should be located on the lower left-hand side of the contract. (If no form number is in the lower left-hand corner or the numbers of the filing pieces do not correspond, ***the filing will be returned as incomplete***).
 - B. **Prior Contract Number/Effective Date:** If the form has a previous number and date, enter it here. List any additional forms on attached sheet.
 - C. **Product Name:** Enter the name of the product. For example: Traditional 100.
12. **Individual:** Check this box if this product is sold to individuals. Check boxes for relevant application, endorsement or rider.
13. **Conversion:** Check this box if this product is a conversion plan. Check endorsement/rider if applicable.
14. **Network Reports:** Check this box if filing a network report. Check appropriate report box below.
15. **Other:** Check this box if filing advertising or company name change.
16. **Limited Schedule of Benefits:** Check this box if filing a limited schedule of benefits plan for small employers as defined by RCW 48.44.023(1) or RCW 48.46.066(1). Also check when filing group application, member application, certificate of coverage, endorsements or riders, and benefit brochure.
17. **Provider Agreement:** Check this box if filing a form for contractual agreements with providers.
18. **Proprietary/For-Public:** Check the appropriate categories that apply if your filing includes premium rates.
19. **Negotiated Contract:** Check if contract is fully negotiated or a short-form filing with less than 12 deviations from the standard master contract. Check if purchasing group is for an employer, association, governmental entity, trust, or union. Please include the negotiated contract # and group number. "Paperwork" includes association bylaws and fees for membership when association or trust is purchaser, group application, and member application. If a short-form filing, please list the filed standard master contract negotiated from. List the applications, certificate of coverage and all additional forms (include form numbers) on additional forms sheet.
20. **Negotiated Endorsement/Rider:** Check box if filing endorsement/rider for previously filed fully negotiated contract. Check applicable box for previously filed forms being modified and include form numbers. Complete section 19 with the negotiated contract # and name the endorsement/rider is associated with.
21. **Additional Group Numbers:** If more than a single group shares the contract, please list all corresponding group numbers.
22. **Additional Form Numbers:** Please complete attached sheet if additional riders, endorsements, summary of benefits, or other forms are included in this filing.

PROPRIETARY STATUS – RCW 48.02.120(3) provides that actuarial formulas, statistics and assumption shall be withheld from public inspection in order to preserve trade secrets or prevent unfair competition. Carriers desiring to withhold specific information from public inspections shall: (1) check the proprietary box on line 29; and (2) clearly separate and identify the materials that are desired to be non-public. Preface the separate non-public materials with written justification.

GROUPS OTHER THAN SMALL GROUPS FILING SUMMARY
(WAC 284-43-950)

Carrier Name			
Address			
Contract Holder/Pool Category and Name (Check One Box)	<input type="checkbox"/>	Single Employer Group: Employer Name:	
	<input type="checkbox"/>	Multiemployer other than Association/Trust Groups Group Pool Name:	
	<input type="checkbox"/>	Association/Trust Groups Association/Trust Group Name:	
Contract Form Number			
Rate Form Number (if different from Contract Form Number)			
Product Name			

Rate Renewal Period: Date Submitted:	From:	To:	
Type of Filing (check one box):	<input type="checkbox"/> New Group Contract	<input type="checkbox"/> Revision of Existing Group Contract	

Rate Summary

Current Rate (Composite per employee or per member)	\$	per member per month
Percentage Rate Change		
New Rate	\$	per member per month
Average Number of Enrollees Each Month During the Experience Period (If the average number of enrollees is equal to or less than fifty, explain why this is not a small group, as defined in RCW 48.43.005.)		
Anticipated Loss Ratio		
Portion of carrier's total enrollment affected Portion of carrier's total premium revenue affected		

Summary of Contract Experience

	Experience Period	First Prior Period	Second Prior Period
	From To	From To	From To
Member Months			
Billed Premium			
Incurred Claims			
Expenses			
Gain/Loss			
Experience Refund/Credit or Recoupment			
Earned Premium (Billed Premium - /+ Refund/Credit or Recoupment)			
Loss Ratio Percentage			

Comments or additional information.

Preparer's Information

Name:

Title:

Telephone

Number:

III

INDIVIDUAL FILINGS

EXAMPLE: COVER LETTER FOR INDIVIDUAL
STANDARD MASTER CONTRACT

JUNE 1, 2006

TO: OFFICE OF THE INSURANCE COMMISSIONER
RATES AND FORMS DIVISION
PO BOX 40255
OLYMPIA, WA 98504-0255

FROM: WASHINGTON CARRIER
0000 ANY STREET
ANY TOWN, ANY STATE 00000
CARRIER CONTACT: ANGELA BARNES, CONTRACT MANAGER
(If this is not the person preparing the filing please include that person's
name also).
CONTACT PHONE: (000) 000-0000

SUBJECT: Contract Number: ABCPHY-06
Product Name: ABC Health (Catastrophic)
Proposed Effective Date: August 1, 2006

Dear Insurance Policy/Analyst:

Enclosed are standardized medical and dental contract documents for your review, to assure compliance with state and federal guidelines. The documents included in this filing are:

- Individual Contract
- Application

(The above section must be completed in full or the filing will be returned.)

A corresponding rate filing will be submitted under separate cover.

This letter and enclosed filing transmittal are prepared in duplicate. A self-addressed, stamped envelope is provided for your convenience in acknowledging final action on this filing.

Sincerely,
Washington Carrier

HEALTH CARE SERVICE CONTRACTOR/HEALTH MAINTENANCE ORGANIZATION TRANSMITTAL

1. Company ID WASHCOMPANY1234		2. Company Name WASHINGTON CARRIER		For OIG Use Only	
3. Date Submitted JUNE 1, 2006		4. Proposed Effective Date AUGUST 1, 2006		[] File ID [] Analyst	
5. Contact ANGELA BARNES		6. Title MANAGER, CONTRACTS		Approved	
7. Phone (000) 000-0000		8. Fax # (000) 000-0000		Reviewed	
9. E-Mail ABARNES@WACARRIER.COM		10. Purpose of Filing TO FILE INDIVIDUAL FILING		Withdrawn	
				Disapproved	
				Acknowledged	
				State Tracking #	

Check all forms that apply to this filing. If additional space is required to list contract numbers, attach a separate sheet. Please fill out columns A through C every time you check a box

		A	B	C
Line of Insurance		Contract # Effective Date	Prior Contract # Effective Date	Product Name
STANDARD MASTER CONTRACT				
11.	<input type="checkbox"/> Large Group Contract (51+)			
	<input type="checkbox"/> Small Group Contract (2-50)			
	<input type="checkbox"/> Group Application			
	<input type="checkbox"/> Member Application			
	<input type="checkbox"/> Certificate of Coverage			
	<input type="checkbox"/> Endorsement/Rider			
12.	<input checked="" type="checkbox"/> Individual	ABC123-06, 8/1/06	ABC123-05, 8/1/05	ABC HEALTH(CATASTROPHIC)
	<input checked="" type="checkbox"/> Application	ABCAPP-06, 8/1/06	ABCAPP-05, 8/1/05	APPLICATION
	<input type="checkbox"/> Endorsement/Rider			
13.	<input type="checkbox"/> Conversion			
	<input type="checkbox"/> Endorsement/Rider			
14.	<input type="checkbox"/> Network Reports			
	<input type="checkbox"/> Access Plan			
	<input type="checkbox"/> Form B – Network Enrollment			
	<input type="checkbox"/> GeoGraphic Network Report			
15.	<input type="checkbox"/> Other			
16.	<input type="checkbox"/> Small Group Limited Schedule of Benefits			
	<input type="checkbox"/> Group Application			
	<input type="checkbox"/> Member Application			
	<input type="checkbox"/> Certificate of Coverage			
	<input type="checkbox"/> Endorsement/Rider			
	<input type="checkbox"/> Benefit Brochure			
PRIOR APPROVAL		Agreement #/Effective Date	Prior Agreement #/Effective Date	
17.	<input type="checkbox"/> Provider Agreement			
18. RATE		Contract #/Effective Date	Prior Contract #/Effective Date	Negotiated Contract #/Effective Date
<input type="checkbox"/> Proprietary <input type="checkbox"/> For-Public				
19. NEGOTIATED CONTRACT		<input type="checkbox"/> Employer <input type="checkbox"/> Paperwork	<input type="checkbox"/> Association <input type="checkbox"/> Paperwork	<input type="checkbox"/> Government <input type="checkbox"/> Paperwork
		<input type="checkbox"/> Short-Form Filing	<input type="checkbox"/> Trust <input type="checkbox"/> Paperwork	<input type="checkbox"/> Union <input type="checkbox"/> Paperwork
Negotiated Contract Number:		Effective Date:		
Group Name:		Group Number:		
Standard Master Contract Number (short form filings only):		Effective Date:		
Forms Included in this Filing: <input type="checkbox"/> Contract <input type="checkbox"/> Certificate of Coverage <input type="checkbox"/> Group Application <input type="checkbox"/> Enrollee Application (Please list form numbers in Section 22 attached)				
20. NEGOTIATED ENDORSEMENT/RIDER (FOR FULLY NEGOTIATED CONTRACTS ONLY. PLEASE COMPLETE FIELD 19 ABOVE.)				
Negotiated Endorsement/Rider Form #:		Changes Apply to: <input type="checkbox"/> Contract <input type="checkbox"/> Certificate of Coverage		
Please note that rate filings and form filings must be submitted together for new plans				

EXAMPLE: COVER LETTER FOR INDIVIDUAL
PUBLIC RATE FILING

JUNE 1, 2006

TO: OFFICE OF THE INSURANCE COMMISSIONER
RATES AND FORMS DIVISION
PO BOX 40255
OLYMPIA, WA 98504-0255

FROM: WASHINGTON CARRIER
0000 ANY STREET
ANY TOWN, ANY STATE 00000
CARRIER CONTACT: ANGELA BARNES, CONTRACT MANAGER
(If this is not the person preparing the filing please include that person's name also).
CONTACT PHONE: (000) 000-0000

SUBJECT: Individual Rate Filing - **Public Rate Schedule**
Effective Date: August 1, 2006
Form Number: ABC123-06
(If multiple form numbers, list all on a separate sheet)

Dear Rate Analyst:

Enclosed is the Individual Public Rate filing for your review. This letter and enclosed filing transmittal are prepared in duplicate. A self-addressed, stamped envelope is provided for your convenience in acknowledging final action on this filing.

Sincerely,
Washington Carrier

HEALTH CARE SERVICE CONTRACTOR/HEALTH MAINTENANCE ORGANIZATION TRANSMITTAL

1. Company ID WASHCOMPANY1234	2. Company Name WASHINGTON CARRIER	For OIC Use Only	
3. Date Submitted JUNE 1, 2006	4. Proposed Effective Date AUGUST 1, 2006	[] File ID	[] Analyst
5. Contact ANGELA BARNES	6. Title MANAGER, CONTRACTS	Approved	Date
7. Phone (000) 000-0000	8. Fax # (000) 000-0000	Reviewed	Initials
9. E-Mail ABARNES@WACARRIER.COM	10. Purpose of Filing TO FILE INDIVIDUAL RATE FILING – FOR PUBLIC	Withdrawn	
		Disapproved	
		Acknowledged	
		State Tracking #	

Check all forms that apply to this filing. If additional space is required to list contract numbers, attach a separate sheet. Please fill out columns A through C every time you check a box

	A	B	C
Line of Insurance	Contract # Effective Date	Prior Contract # Effective Date	Product Name
STANDARD MASTER CONTRACT			
11. <input type="checkbox"/> Large Group Contract (51+)			
<input type="checkbox"/> Small Group Contract (2-50)			
<input type="checkbox"/> Group Application			
<input type="checkbox"/> Member Application			
<input type="checkbox"/> Certificate of Coverage			
<input type="checkbox"/> Endorsement/Rider			
12. <input type="checkbox"/> Individual			
<input type="checkbox"/> Application			
<input type="checkbox"/> Endorsement/Rider			
13. <input type="checkbox"/> Conversion			
<input type="checkbox"/> Endorsement/Rider			
14. <input type="checkbox"/> Network Reports			
<input type="checkbox"/> Access Plan			
<input type="checkbox"/> Form B – Network Enrollment			
<input type="checkbox"/> GeoGraphic Network Report			
15. <input type="checkbox"/> Other			
16. <input type="checkbox"/> Small Group Limited Schedule of Benefits			
<input type="checkbox"/> Group Application			
<input type="checkbox"/> Member Application			
<input type="checkbox"/> Certificate of Coverage			
<input type="checkbox"/> Endorsement/Rider			
<input type="checkbox"/> Benefit Brochure			
PRIOR APPROVAL	Agreement #/Effective Date	Prior Agreement #/Effective Date	
17. <input type="checkbox"/> Provider Agreement			
18. RATE	Contract #/Effective Date	Prior Contract #/Effective Date	Negotiated Contract #/Effective Date
<input type="checkbox"/> Proprietary <input checked="" type="checkbox"/> For-Public	INDIVIDUAL RATE FILING AUGUST 1, 2006	INDIVIDUAL RATE FILING AUGUST 1, 2005	N/A
19. NEGOTIATED CONTRACT			
<input type="checkbox"/> Fully Negotiated <input type="checkbox"/> Short-Form Filing	<input type="checkbox"/> Employer <input type="checkbox"/> Paperwork	<input type="checkbox"/> Association <input type="checkbox"/> Paperwork	<input type="checkbox"/> Government <input type="checkbox"/> Paperwork
		<input type="checkbox"/> Trust <input type="checkbox"/> Paperwork	<input type="checkbox"/> Union <input type="checkbox"/> Paperwork
Negotiated Contract Number:		Effective Date:	
Group Name:		Group Number:	
Standard Master Contract Number (short form filings only):		Effective Date:	
Forms Included in this Filing: <input type="checkbox"/> Contract <input type="checkbox"/> Certificate of Coverage <input type="checkbox"/> Group Application <input type="checkbox"/> Enrollee Application (Please list form numbers in Section 22 attached)			
20. NEGOTIATED ENDORSEMENT/RIDER (FOR FULLY NEGOTIATED CONTRACTS ONLY. PLEASE COMPLETE FIELD 19 ABOVE.)			
Negotiated Endorsement/Rider Form #:		Changes Apply to: <input type="checkbox"/> Contract <input type="checkbox"/> Certificate of Coverage	
Please note that rate filings and form filings must be submitted together for new plans			

21. Additional Group Numbers:

22. Additional Form Numbers:

[illegible]

This Schedule is Part of Contract #: INDIVIDUAL RATE FILING

Effective Date: AUGUST 1, 2006

EXAMPLE: COVER LETTER FOR INDIVIDUAL PROPRIETARY
RATE FILING

JUNE 1, 2006

TO: OFFICE OF THE INSURANCE COMMISSIONER
RATES AND FORMS DIVISION
PO BOX 40255
OLYMPIA, WA 98504-0255

FROM: WASHINGTON CARRIER
0000 ANY STREET
ANY TOWN, ANY STATE 00000
CARRIER CONTACT: ANGELA BARNES, CONTRACT MANAGER
(If this is not the person preparing the filing please include that person's name also).
CONTACT PHONE: (000) 000-0000

SUBJECT: Individual Rate Filing - **Proprietary**
Effective Date: August 1, 2006
Form Number: ABC123-06
(If multiple form numbers, list all on a separate sheet)

Dear Rate Analyst:

Enclosed is the Individual Rate filing for your review. The documents included in this filing are:

- A Description of the Rate-Making Methodology
- An Actuarially Determined Estimate of Incurred Claims Including Experience Data, Assumption, and Justifications
- Actuarial Certification
- Rate Exhibit

Per RCW 48.02.120(3), we request this filing to be withheld from public inspection. We have stamped "not-for-public" on each page of this filing.

This letter and enclosed filing transmittal are prepared in duplicate. A self-addressed, stamped envelope is provided for your convenience in acknowledging final action on this filing.

Sincerely,
Washington Carrier

HEALTH CARE SERVICE CONTRACTOR/HEALTH MAINTENANCE ORGANIZATION TRANSMITTAL

1. Company ID WASHCOMPANY1234	2. Company Name WASHINGTON CARRIER	For OIC Use Only	
3. Date Submitted JUNE 1, 2006	4. Proposed Effective Date AUGUST 1, 2006	[] File ID	[] Analyst
5. Contact ANGELA BARNES	6. Title MANAGER, CONTRACTS	Approved	Date
7. Phone (000) 000-0000	8. Fax # (000) 000-0000	Reviewed	Initials
9. E-Mail ABARNES@WACARRIER.COM	10. Purpose of Filing TO FILE INDIVIDUAL RATE FILING – PROPRIETARY	Withdrawn	
		Disapproved	
		Acknowledged	
		State Tracking #	

Check all forms that apply to this filing. If additional space is required to list contract numbers, attach a separate sheet. Please fill out columns A through C every time you check a box

	A	B	C
Line of Insurance	Contract # Effective Date	Prior Contract # Effective Date	Product Name
STANDARD MASTER CONTRACT			
11. <input type="checkbox"/> Large Group Contract (51+)			
<input type="checkbox"/> Small Group Contract (2-50)			
<input type="checkbox"/> Group Application			
<input type="checkbox"/> Member Application			
<input type="checkbox"/> Certificate of Coverage			
<input type="checkbox"/> Endorsement/Rider			
12. <input type="checkbox"/> Individual			
<input type="checkbox"/> Application			
<input type="checkbox"/> Endorsement/Rider			
13. <input type="checkbox"/> Conversion			
<input type="checkbox"/> Endorsement/Rider			
14. <input type="checkbox"/> Network Reports			
<input type="checkbox"/> Access Plan			
<input type="checkbox"/> Form B – Network Enrollment			
<input type="checkbox"/> GeoGraphic Network Report			
15. <input type="checkbox"/> Other			
16. <input type="checkbox"/> Small Group Limited Schedule of Benefits			
<input type="checkbox"/> Group Application			
<input type="checkbox"/> Member Application			
<input type="checkbox"/> Certificate of Coverage			
<input type="checkbox"/> Endorsement/Rider			
<input type="checkbox"/> Benefit Brochure			
PRIOR APPROVAL		Agreement #/Effective Date	Prior Agreement #/Effective Date
17. <input type="checkbox"/> Provider Agreement			
18. RATE		Contract #/Effective Date	Prior Contract #/Effective Date
<input checked="" type="checkbox"/> Proprietary <input type="checkbox"/> For-Public		INDIVIDUAL RATE FILING AUGUST 1, 2006	INDIVIDUAL RATE FILING AUGUST 1, 2005
19. NEGOTIATED CONTRACT		<input type="checkbox"/> Employer <input type="checkbox"/> Paperwork	<input type="checkbox"/> Association <input type="checkbox"/> Paperwork
<input type="checkbox"/> Fully Negotiated <input type="checkbox"/> Short-Form Filing		<input type="checkbox"/> Government <input type="checkbox"/> Paperwork	<input type="checkbox"/> Trust <input type="checkbox"/> Paperwork
		<input type="checkbox"/> Union <input type="checkbox"/> Paperwork	
Negotiated Contract Number:		Effective Date:	
Group Name:		Group Number:	
Standard Master Contract Number (short form filings only):		Effective Date:	
Forms Included in this Filing: <input type="checkbox"/> Contract <input type="checkbox"/> Certificate of Coverage <input type="checkbox"/> Group Application <input type="checkbox"/> Enrollee Application (Please list form numbers in Section 22 attached)			
20. NEGOTIATED ENDORSEMENT/RIDER (FOR FULLY NEGOTIATED CONTRACTS ONLY. PLEASE COMPLETE FIELD 19 ABOVE.)			
Negotiated Endorsement/Rider Form #:		Changes Apply to: <input type="checkbox"/> Contract <input type="checkbox"/> Certificate of Coverage	
Please note that rate filings and form filings must be submitted together for new plans			

21. Additional Group Numbers:

22. Additional Form Numbers:

[illegible]

This Schedule is Part of Contract #: INDIVIDUAL RATE FILING - PROPRIETARY

Effective Date: AUGUST 1, 2006

IV

SMALL GROUP FILINGS

EXAMPLE: COVER LETTER FOR SMALL GROUP
STANDARD MASTER CONTRACT

JUNE 1, 2006

TO: OFFICE OF THE INSURANCE COMMISSIONER
RATES AND FORMS DIVISION
PO BOX 40255
OLYMPIA, WA 98504-0255

FROM: WASHINGTON CARRIER
0000 ANY STREET
ANY TOWN, ANY STATE 00000
CARRIER CONTACT: ANGELA BARNES, CONTRACT MANAGER
(If this is not the person preparing the filing please include that person's name also).
CONTACT PHONE: (000) 000-0000

SUBJECT: Contract Number: ABC123-06
Product Name: ABC Health
Proposed Effective Date: September 1, 2006

Dear Insurance Policy/Analyst:

Enclosed are standardized medical and dental contract documents for your review, to assure compliance with state and federal guidelines. The documents included in this filing are:

- Small Group Contract
- Group Application
- Member Application
- Certificate of Coverage

(The above section must be completed in full or the filing will be returned.)

A corresponding rate filing will be submitted under separate cover.

This letter and enclosed filing transmittal are prepared in duplicate. A self-addressed, stamped envelope is provided for your convenience in acknowledging final action on this filing.

Sincerely,
Washington Carrier

HEALTH CARE SERVICE CONTRACTOR/HEALTH MAINTENANCE ORGANIZATION TRANSMITTAL

1. Company ID WASHCOMPANY1234	2. Company Name WASHINGTON CARRIER	For OIC Use Only	
		[] File ID	[] Analyst
3. Date Submitted JUNE 1, 2006	4. Proposed Effective Date SEPTEMBER 1, 2006	Approved	Date
		Reviewed	Initials
5. Contact ANGELA BARNES	6. Title MANAGER, CONTRACTS	Withdrawn	
7. Phone (000) 000-0000	8. Fax # (000) 000-0000	Disapproved	
		Acknowledged	
9. E-Mail ABARNES@WACARRIER.COM	10. Purpose of Filing TO FILE SMALL GROUP STANDARD MASTER CONTRACT	State Tracking #	

Check all forms that apply to this filing. If additional space is required to list contract numbers, attach a separate sheet. Please fill out columns A through C every time you check a box

	A	B	C
Line of Insurance	Contract # Effective Date	Prior Contract # Effective Date	Product Name
STANDARD MASTER CONTRACT			
11. <input type="checkbox"/> Large Group Contract (51+)			
<input checked="" type="checkbox"/> Small Group Contract (2-50)	ABC123-06	ABC123-05	ABC HEALTH
<input checked="" type="checkbox"/> Group Application	ABCAPP-06	ABCAPP-05	GROUP APPLICATION
<input checked="" type="checkbox"/> Member Application	ABCMBRAPP-06	ABCMBRAPP-05	MEMBER APPLICATION
<input checked="" type="checkbox"/> Certificate of Coverage	ABCCERT-06	ABCCERT-05	CERTIFICATE OF COVERAGE
<input type="checkbox"/> Endorsement/Rider			
12. <input type="checkbox"/> Individual			
<input type="checkbox"/> Application			
<input type="checkbox"/> Endorsement/Rider			
13. <input type="checkbox"/> Conversion			
<input type="checkbox"/> Endorsement/Rider			
14. <input type="checkbox"/> Network Reports			
<input type="checkbox"/> Access Plan			
<input type="checkbox"/> Form B – Network Enrollment			
<input type="checkbox"/> GeoGraphic Network Report			
15. <input type="checkbox"/> Other			
16. <input type="checkbox"/> Small Group Limited Schedule of Benefits			
<input type="checkbox"/> Group Application			
<input type="checkbox"/> Member Application			
<input type="checkbox"/> Certificate of Coverage			
<input type="checkbox"/> Endorsement/Rider			
<input type="checkbox"/> Benefit Brochure			
PRIOR APPROVAL	Agreement #/Effective Date	Prior Agreement #/Effective Date	
17. <input type="checkbox"/> Provider Agreement			
18. RATE	Contract #/Effective Date	Prior Contract #/Effective Date	Negotiated Contract #/Effective Date
<input type="checkbox"/> Proprietary			
<input type="checkbox"/> For-Public			
19. NEGOTIATED CONTRACT	<input type="checkbox"/> Employer	<input type="checkbox"/> Association	<input type="checkbox"/> Government
<input checked="" type="checkbox"/> Fully Negotiated <input type="checkbox"/> Short-Form Filing	<input type="checkbox"/> Paperwork	<input type="checkbox"/> Paperwork	<input type="checkbox"/> Paperwork
	<input type="checkbox"/> Trust	<input type="checkbox"/> Union	<input type="checkbox"/> Paperwork
Negotiated Contract Number:		Effective Date:	
Group Name:		Group Number:	
Standard Master Contract Number (short form filings only):		Effective Date:	
Forms Included in this Filing: <input type="checkbox"/> Contract <input type="checkbox"/> Certificate of Coverage <input type="checkbox"/> Group Application <input type="checkbox"/> Enrollee Application (Please list form numbers in Section 22 attached)			
20. NEGOTIATED ENDORSEMENT/RIDER (FOR FULLY NEGOTIATED CONTRACTS ONLY. PLEASE COMPLETE FIELD 19 ABOVE.)			
Negotiated Endorsement/Rider Form #:		Changes Apply to: <input type="checkbox"/> Contract <input type="checkbox"/> Certificate of Coverage	
Please note that rate filings and form filings must be submitted together for new plans			

EXAMPLE: COVER LETTER FOR SMALL GROUP
PUBLIC RATE FILING

JUNE 1, 2006

TO: OFFICE OF THE INSURANCE COMMISSIONER
RATES AND FORMS DIVISION
PO BOX 40255
OLYMPIA, WA 98504-0255

FROM: WASHINGTON CARRIER
0000 ANY STREET
ANY TOWN, ANY STATE 00000
CARRIER CONTACT: ANGELA BARNES, CONTRACT MANAGER
(If this is not the person preparing the filing please include that person's name also).
CONTACT PHONE: (000) 000-0000

SUBJECT: Small Group Rate Filing - **Public Rate Schedule**
Effective Date: September 1, 2006
Form Number: ABC123-06
(If multiple form numbers, list all on a separate sheet)

Dear Actuary:

Enclosed is the Small Group Public Rate filing for your review. This letter and enclosed filing transmittal are prepared in duplicate. A self-addressed, stamped envelope is provided for your convenience in acknowledging final action on this filing.

Sincerely,
Washington Carrier

HEALTH CARE SERVICE CONTRACTOR/HEALTH MAINTENANCE ORGANIZATION TRANSMITTAL

1. Company ID WASHCOMPANY1234	2. Company Name WASHINGTON CARRIER	For OIC Use Only	
3. Date Submitted JUNE 1, 2006	4. Proposed Effective Date SEPTEMBER 1, 2006	[] File ID	[] Analyst
5. Contact ANGELA BARNES	6. Title MANAGER, CONTRACTS	Approved	Date
7. Phone (000) 000-0000	8. Fax # (000) 000-0000	Reviewed	Initials
9. E-Mail ABARNES@WACARRIER.COM	10. Purpose of Filing TO FILE SMALL GROUP RATE FILING – FOR PUBLIC	Withdrawn	
		Disapproved	
		Acknowledged	
		State Tracking #	

Check all forms that apply to this filing. If additional space is required to list contract numbers, attach a separate sheet. Please fill out columns A through C every time you check a box

		A	B	C
Line of Insurance		Contract # Effective Date	Prior Contract # Effective Date	Product Name
STANDARD MASTER CONTRACT				
11.	<input type="checkbox"/> Large Group Contract (51+)			
	<input type="checkbox"/> Small Group Contract (2-50)			
	<input type="checkbox"/> Group Application			
	<input type="checkbox"/> Member Application			
	<input type="checkbox"/> Certificate of Coverage			
	<input type="checkbox"/> Endorsement/Rider			
12.	<input type="checkbox"/> Individual			
	<input type="checkbox"/> Application			
	<input type="checkbox"/> Endorsement/Rider			
13.	<input type="checkbox"/> Conversion			
	<input type="checkbox"/> Endorsement/Rider			
14.	<input type="checkbox"/> Network Reports			
	<input type="checkbox"/> Access Plan			
	<input type="checkbox"/> Form B – Network Enrollment			
	<input type="checkbox"/> GeoGraphic Network Report			
15.	<input type="checkbox"/> Other			
16.	<input type="checkbox"/> Small Group Limited Schedule of Benefits			
	<input type="checkbox"/> Group Application			
	<input type="checkbox"/> Member Application			
	<input type="checkbox"/> Certificate of Coverage			
	<input type="checkbox"/> Endorsement/Rider			
	<input type="checkbox"/> Benefit Brochure			
PRIOR APPROVAL		Agreement #/Effective Date	Prior Agreement #/Effective Date	
17.	<input type="checkbox"/> Provider Agreement			
18. RATE		Contract #/Effective Date	Prior Contract #/Effective Date	Negotiated Contract #/Effective Date
<input type="checkbox"/> Proprietary <input checked="" type="checkbox"/> For-Public		SMALL GROUP RATE FILING SEPTEMBER 1, 2006	SMALL GROUP RATE FILING SEPTEMBER 1, 2005	N/A
19. NEGOTIATED CONTRACT		<input type="checkbox"/> Employer	<input type="checkbox"/> Association	<input type="checkbox"/> Government
<input checked="" type="checkbox"/> Fully Negotiated <input type="checkbox"/> Short-Form Filing		<input type="checkbox"/> Paperwork	<input type="checkbox"/> Paperwork	<input type="checkbox"/> Paperwork
Negotiated Contract Number:		Effective Date:		
Group Name:		Group Number:		
Standard Master Contract Number (short form filings only):		Effective Date:		
Forms Included in this Filing: <input type="checkbox"/> Contract <input type="checkbox"/> Certificate of Coverage <input type="checkbox"/> Group Application <input type="checkbox"/> Enrollee Application (Please list form numbers in Section 22 attached)				
20. NEGOTIATED ENDORSEMENT/RIDER (FOR FULLY NEGOTIATED CONTRACTS ONLY. PLEASE COMPLETE FIELD 19 ABOVE.)				
Negotiated Endorsement/Rider Form #:		Changes Apply to: <input type="checkbox"/> Contract <input type="checkbox"/> Certificate of Coverage		

Please note that rate filings and form filings must be submitted together for new plans

EXAMPLE: COVER LETTER FOR SMALL GROUP PROPRIETARY
RATE FILING

JUNE 1, 2006

TO: OFFICE OF THE INSURANCE COMMISSIONER
RATES AND FORMS DIVISION
PO BOX 40255
OLYMPIA, WA 98504-0255

FROM: WASHINGTON CARRIER
0000 ANY STREET
ANY TOWN, ANY STATE 00000
CARRIER CONTACT: ANGELA BARNES, CONTRACT MANAGER
(If this is not the person preparing the filing please include that person's name also).
CONTACT PHONE: (000) 000-0000

SUBJECT: Small Group Rate Filing - **Proprietary**
Effective Date: September 1, 2006
Form Number: ABC123-06
(If multiple form numbers, list all on a separate sheet)

Dear Actuary:

Enclosed is the Small Group Community Rate filing for your review. The documents included in this filing are:

- A Description of the Rate-Making Methodology, Experience Data, and Justifications
- Filing Document Summary WAC 284-43-945
- Actuarial Certification
- Rate Exhibit
- Illustrative Examples

Per RCW 48.02.120(3), we request this filing to be withheld from public inspection. We have stamped "not-for-public" on each page of this filing.

This letter and enclosed filing transmittal are prepared in duplicate. A self-addressed, stamped envelope is provided for your convenience in acknowledging final action on this filing.

Sincerely,
Washington Carrier

HEALTH CARE SERVICE CONTRACTOR/HEALTH MAINTENANCE ORGANIZATION TRANSMITTAL

1. Company ID WASHCOMPANY1234	2. Company Name WASHINGTON CARRIER	For OIC Use Only	
3. Date Submitted JUNE 1, 2006	4. Proposed Effective Date SEPTEMBER 1, 2006	[] File ID	[] Analyst
5. Contact ANGELA BARNES	6. Title MANAGER, CONTRACTS	Approved	Date
7. Phone (000) 000-0000	8. Fax # (000) 000-0000	Reviewed	Initials
9. E-Mail ABARNES@WACARRIER.COM	10. Purpose of Filing TO FILE SMALL GROUP RATE FILING – PROPRIETARY	Withdrawn	
		Disapproved	
		Acknowledged	
		State Tracking #	

Check all forms that apply to this filing. If additional space is required to list contract numbers, attach a separate sheet. Please fill out columns A through C every time you check a box

	A	B	C
Line of Insurance	Contract # Effective Date	Prior Contract # Effective Date	Product Name
STANDARD MASTER CONTRACT			
11. <input type="checkbox"/> Large Group Contract (51+)			
<input type="checkbox"/> Small Group Contract (2-50)			
<input type="checkbox"/> Group Application			
<input type="checkbox"/> Member Application			
<input type="checkbox"/> Certificate of Coverage			
<input type="checkbox"/> Endorsement/Rider			
12. <input type="checkbox"/> Individual			
<input type="checkbox"/> Application			
<input type="checkbox"/> Endorsement/Rider			
13. <input type="checkbox"/> Conversion			
<input type="checkbox"/> Endorsement/Rider			
14. <input type="checkbox"/> Network Reports			
<input type="checkbox"/> Access Plan			
<input type="checkbox"/> Form B – Network Enrollment			
<input type="checkbox"/> GeoGraphic Network Report			
15. <input type="checkbox"/> Other			
16. <input type="checkbox"/> Small Group Limited Schedule of Benefits			
<input type="checkbox"/> Group Application			
<input type="checkbox"/> Member Application			
<input type="checkbox"/> Certificate of Coverage			
<input type="checkbox"/> Endorsement/Rider			
<input type="checkbox"/> Benefit Brochure			
PRIOR APPROVAL		Agreement #/Effective Date	Prior Agreement #/Effective Date
17. <input type="checkbox"/> Provider Agreement			
18. RATE		Contract #/Effective Date	Prior Contract #/Effective Date
<input checked="" type="checkbox"/> Proprietary	SMALL GROUP RATE FILING	SMALL GROUP RATE FILING	Negotiated Contract #/Effective Date
<input type="checkbox"/> For-Public	SEPTEMBER 1, 2006	SEPTEMBER 1, 2005	N/A
19. NEGOTIATED CONTRACT		<input type="checkbox"/> Employer	<input type="checkbox"/> Association
<input type="checkbox"/> Fully Negotiated	<input type="checkbox"/> Short-Form Filing	<input type="checkbox"/> Paperwork	<input type="checkbox"/> Paperwork
		<input type="checkbox"/> Government	<input type="checkbox"/> Trust
		<input type="checkbox"/> Paperwork	<input type="checkbox"/> Paperwork
		<input type="checkbox"/> Union	<input type="checkbox"/> Paperwork
Negotiated Contract Number:		Effective Date:	
Group Name:		Group Number:	
Standard Master Contract Number (short form filings only):		Effective Date:	
Forms Included in this Filing: <input type="checkbox"/> Contract <input type="checkbox"/> Certificate of Coverage <input type="checkbox"/> Group Application <input type="checkbox"/> Enrollee Application			
(Please list form numbers in Section 22 attached)			
20. NEGOTIATED ENDORSEMENT/RIDER (FOR FULLY NEGOTIATED CONTRACTS ONLY - PLEASE COMPLETE FIELD 19 ABOVE.)			
Negotiated Endorsement/Rider Form #:		Changes Apply to: <input type="checkbox"/> Contract <input type="checkbox"/> Certificate of Coverage	

Please note that rate filings and form filings must be submitted together for new plans

V

LARGE GROUP FILINGS

EXAMPLE: COVER LETTER FOR LARGE GROUP
STANDARD MASTER CONTRACT

JUNE 1, 2006

TO: OFFICE OF THE INSURANCE COMMISSIONER
RATES AND FORMS DIVISION
PO BOX 40255
OLYMPIA, WA 98504-0255

FROM: WASHINGTON CARRIER
0000 ANY STREET
ANY TOWN, ANY STATE 00000
CARRIER CONTACT: ANGELA BARNES, CONTRACT MANAGER
(If this is not the person preparing the filing please include that person's name also).
CONTACT PHONE: (000) 000-0000

SUBJECT: Contract Number: ABC123-06
Product Name: ABC Health
Proposed Effective Date: August 1, 2006

Dear Insurance Policy/Analyst:

Enclosed are standardized medical and dental contract documents for your review, to assure compliance with state and federal guidelines. The documents included in this filing are:

- Large Group Contract
- Group Application
- Member Application
- Certificate of Coverage

(The above section must be completed in full or the filing will be returned.)

A corresponding rate filing will be submitted under separate cover.

This letter and enclosed filing transmittal are prepared in duplicate. A self-addressed, stamped envelope is provided for your convenience in acknowledging final action on this filing.

Sincerely,
Washington Carrier

HEALTH CARE SERVICE CONTRACTOR/HEALTH MAINTENANCE ORGANIZATION TRANSMITTAL

1. Company ID WASHCOMPANY1234	2. Company Name WASHINGTON CARRIER	For OIC Use Only	
3. Date Submitted JUNE 1, 2006	4. Proposed Effective Date AUGUST 1, 2006	[] File ID	[] Analyst
5. Contact ANGELA BARNES	6. Title MANAGER, CONTRACTS	Approved	Date
7. Phone (000) 000-0000	8. Fax # (000) 000-0000	Reviewed	Initials
9. E-Mail ABARNES@WACARRIER.COM	10. Purpose of Filing TO FILE LARGE GROUP STANDARD MASTER CONTRACT	Withdrawn	
		Disapproved	
		Acknowledged	
		State Tracking #	

Check all forms that apply to this filing. If additional space is required to list contract numbers, attach a separate sheet. Please fill out columns A through C every time you check a box

	A	B	C
Line of Insurance	Contract # Effective Date	Prior Contract # Effective Date	Product Name
STANDARD MASTER CONTRACT			
11. <input checked="" type="checkbox"/> Large Group Contract (51+)	ABC123-06	ABC123-05	ABC HEALTH
<input type="checkbox"/> Small Group Contract (2-50)			
<input checked="" type="checkbox"/> Group Application	ABCAPP-06	ABCAPP-05	GROUP APPLICATION
<input checked="" type="checkbox"/> Member Application	ABCMBRAPP-06	ABCMBRAPP-05	MEMBER APPLICATION
<input checked="" type="checkbox"/> Certificate of Coverage	ABCCERT-06	ABCCERT-05	CERTIFICATE OF COVERAGE
<input type="checkbox"/> Endorsement/Rider			
12. <input type="checkbox"/> Individual			
<input type="checkbox"/> Application			
<input type="checkbox"/> Endorsement/Rider			
13. <input type="checkbox"/> Conversion			
<input type="checkbox"/> Endorsement/Rider			
14. <input type="checkbox"/> Network Reports			
<input type="checkbox"/> Access Plan			
<input type="checkbox"/> Form B – Network Enrollment			
<input type="checkbox"/> GeoGraphic Network Report			
15. <input type="checkbox"/> Other			
16. <input type="checkbox"/> Small Group Limited Schedule of Benefits			
<input type="checkbox"/> Group Application			
<input type="checkbox"/> Member Application			
<input type="checkbox"/> Certificate of Coverage			
<input type="checkbox"/> Endorsement/Rider			
<input type="checkbox"/> Benefit Brochure			
PRIOR APPROVAL		Agreement #/Effective Date	Prior Agreement #/Effective Date
17. <input type="checkbox"/> Provider Agreement			
18. RATE		Contract #/Effective Date	Prior Contract #/Effective Date
<input type="checkbox"/> Proprietary			Negotiated Contract #/Effective Date
<input type="checkbox"/> For-Public			
19. NEGOTIATED CONTRACT		<input type="checkbox"/> Employer	<input type="checkbox"/> Association
<input type="checkbox"/> Fully Negotiated	<input type="checkbox"/> Short-Form Filing	<input type="checkbox"/> Paperwork	<input type="checkbox"/> Paperwork
		<input type="checkbox"/> Government	<input type="checkbox"/> Trust
		<input type="checkbox"/> Paperwork	<input type="checkbox"/> Paperwork
		<input type="checkbox"/> Union	<input type="checkbox"/> Paperwork
Negotiated Contract Number:		Effective Date:	
Group Name:		Group Number:	
Standard Master Contract Number (short form filings only):		Effective Date:	
Forms Included in this Filing: <input type="checkbox"/> Contract <input type="checkbox"/> Certificate of Coverage <input type="checkbox"/> Group Application <input type="checkbox"/> Enrollee Application (Please list form numbers in Section 22 attached)			
20. NEGOTIATED ENDORSEMENT/RIDER (FOR FULLY NEGOTIATED CONTRACTS ONLY. PLEASE COMPLETE FIELD 19 ABOVE.)			
Negotiated Endorsement/Rider Form #:		Changes Apply to: <input type="checkbox"/> Contract <input type="checkbox"/> Certificate of Coverage	

Please note that rate filings and form filings must be submitted together for new plans

EXAMPLE: COVER LETTER FOR LARGE GROUP
PUBLIC RATE FILING

JUNE 1, 2006

TO: OFFICE OF THE INSURANCE COMMISSIONER
RATES AND FORMS DIVISION
PO BOX 40255
OLYMPIA, WA 98504-0255

FROM: WASHINGTON CARRIER
0000 ANY STREET
ANY TOWN, ANY STATE 00000
CARRIER CONTACT: ANGELA BARNES, CONTRACT MANAGER
(If this is not the person preparing the filing please include that person's name also).
CONTACT PHONE: (000) 000-0000

SUBJECT: Large Group Rate Filing - **Public Rate Schedule**
Effective Date: August 1, 2006
Form Number: ABC123-06
(If multiple form numbers, list all on a separate sheet)

Dear Actuary:

Enclosed is the Large Group Public Rate filing for your review. This letter and enclosed filing transmittal are prepared in duplicate. A self-addressed, stamped envelope is provided for your convenience in acknowledging final action on this filing.

Sincerely,
Washington Carrier

HEALTH CARE SERVICE CONTRACTOR/HEALTH MAINTENANCE ORGANIZATION TRANSMITTAL

1. Company ID WASHCOMPANY1234	2. Company Name WASHINGTON CARRIER	For OIC Use Only	
3. Date Submitted JUNE 1, 2006	4. Proposed Effective Date AUGUST 1, 2006	[] File ID	[] Analyst
5. Contact ANGELA BARNES	6. Title MANAGER, CONTRACTS	Approved	Date
7. Phone (000) 000-0000	8. Fax # (000) 000-0000	Reviewed	Initials
9. E-Mail ABARNES@WACARRIER.COM	10. Purpose of Filing TO FILE LARGE GROUP RATE FILING – FOR PUBLIC	Withdrawn	
		Disapproved	
		Acknowledged	
		State Tracking #	

Check all forms that apply to this filing. If additional space is required to list contract numbers, attach a separate sheet. Please fill out columns A through C every time you check a box

	A	B	C
Line of Insurance	Contract # Effective Date	Prior Contract # Effective Date	Product Name
STANDARD MASTER CONTRACT			
11. <input type="checkbox"/> Large Group Contract (51+)			
<input type="checkbox"/> Small Group Contract (2-50)			
<input type="checkbox"/> Group Application			
<input type="checkbox"/> Member Application			
<input type="checkbox"/> Certificate of Coverage			
<input type="checkbox"/> Endorsement/Rider			
12. <input type="checkbox"/> Individual			
<input type="checkbox"/> Application			
<input type="checkbox"/> Endorsement/Rider			
13. <input type="checkbox"/> Conversion			
<input type="checkbox"/> Endorsement/Rider			
14. <input type="checkbox"/> Network Reports			
<input type="checkbox"/> Access Plan			
<input type="checkbox"/> Form B – Network Enrollment			
<input type="checkbox"/> GeoGraphic Network Report			
15. <input type="checkbox"/> Other			
16. <input type="checkbox"/> Small Group Limited Schedule of Benefits			
<input type="checkbox"/> Group Application			
<input type="checkbox"/> Member Application			
<input type="checkbox"/> Certificate of Coverage			
<input type="checkbox"/> Endorsement/Rider			
<input type="checkbox"/> Benefit Brochure			
PRIOR APPROVAL		Agreement #/Effective Date	Prior Agreement #/Effective Date
17. <input type="checkbox"/> Provider Agreement			
18. RATE		Contract #/Effective Date	Prior Contract #/Effective Date
<input type="checkbox"/> Proprietary			Negotiated Contract #/Effective Date
<input checked="" type="checkbox"/> For-Public	LARGE GROUP RATE FILING AUGUST 1, 2006	LARGE GROUP RATE FILING AUGUST 1, 2005	N/A
19. NEGOTIATED CONTRACT			
<input type="checkbox"/> Fully Negotiated	<input type="checkbox"/> Short-Form Filing	<input type="checkbox"/> Employer Paperwork	<input type="checkbox"/> Association Paperwork
		<input type="checkbox"/> Government Paperwork	<input type="checkbox"/> Trust Paperwork
		<input type="checkbox"/> Union Paperwork	<input type="checkbox"/> Paperwork
Negotiated Contract Number:		Effective Date:	
Group Name:		Group Number:	
Standard Master Contract Number (short form filings only):		Effective Date:	
Forms Included in this Filing: <input type="checkbox"/> Contract <input type="checkbox"/> Certificate of Coverage <input type="checkbox"/> Group Application <input type="checkbox"/> Enrollee Application (Please list form numbers in Section 22 attached)			
20. NEGOTIATED ENDORSEMENT/RIDER (FOR FULLY NEGOTIATED CONTRACTS ONLY. PLEASE COMPLETE FIELD 19 ABOVE.)			
Negotiated Endorsement/Rider Form #:		Changes Apply to: <input type="checkbox"/> Contract <input type="checkbox"/> Certificate of Coverage	
Please note that rate filings and form filings must be submitted together for new plans			

EXAMPLE: COVER LETTER FOR LARGE GROUP PROPRIETARY
RATE FILING

JUNE 1, 2006

TO: OFFICE OF THE INSURANCE COMMISSIONER
RATES AND FORMS DIVISION
PO BOX 40255
OLYMPIA, WA 98504-0255

FROM: WASHINGTON CARRIER
0000 ANY STREET
ANY TOWN, ANY STATE 00000
CARRIER CONTACT: ANGELA BARNES, CONTRACT MANAGER
(If this is not the person preparing the filing please include that person's name also).
CONTACT PHONE: (000) 000-0000

SUBJECT: Large Group Rate Filing - **Proprietary**
Effective Date: August 1, 2006
Form Number: ABC123-06
(If multiple form numbers, list all on a separate sheet)

Dear Actuary:

Enclosed is the Large Group Rate filing for your review. The documents included in this filing are:

- Large Group Rate Manual and Rating Formula
- Filing Document Summary WAC 284-43-950
- Rate Exhibit
- Illustrative Examples

Per RCW 48.02.120(3), we request this filing to be withheld from public inspection. We have stamped "not-for-public" on each page of this filing.

This letter and enclosed filing transmittal are prepared in duplicate. A self-addressed, stamped envelope is provided for your convenience in acknowledging final action on this filing.

Sincerely,
Washington Carrier

HEALTH CARE SERVICE CONTRACTOR/HEALTH MAINTENANCE ORGANIZATION TRANSMITTAL

1. Company ID WASHCOMPANY1234	2. Company Name WASHINGTON CARRIER	For OIC Use Only	
3. Date Submitted JUNE 1, 2006	4. Proposed Effective Date AUGUST 1, 2006	[] File ID	[] Analyst
5. Contact ANGELA BARNES	6. Title MANAGER, CONTRACTS	Approved	Date
7. Phone (000) 000-0000	8. Fax # (000) 000-0000	Reviewed	Initials
9. E-Mail ABARNES@WACARRIER.COM	10. Purpose of Filing TO FILE LARGE GROUP RATE FILING – PROPRIETARY	Withdrawn	
		Disapproved	
		Acknowledged	
		State Tracking #	

Check all forms that apply to this filing. If additional space is required to list contract numbers, attach a separate sheet. Please fill out columns A through C every time you check a box

	A	B	C
Line of Insurance	Contract # Effective Date	Prior Contract # Effective Date	Product Name
STANDARD MASTER CONTRACT			
11. <input type="checkbox"/> Large Group Contract (51+)			
<input type="checkbox"/> Small Group Contract (2-50)			
<input type="checkbox"/> Group Application			
<input type="checkbox"/> Member Application			
<input type="checkbox"/> Certificate of Coverage			
<input type="checkbox"/> Endorsement/Rider			
12. <input type="checkbox"/> Individual			
<input type="checkbox"/> Application			
<input type="checkbox"/> Endorsement/Rider			
13. <input type="checkbox"/> Conversion			
<input type="checkbox"/> Endorsement/Rider			
14. <input type="checkbox"/> Network Reports			
<input type="checkbox"/> Access Plan			
<input type="checkbox"/> Form B – Network Enrollment			
<input type="checkbox"/> GeoGraphic Network Report			
15. <input type="checkbox"/> Other			
16. <input type="checkbox"/> Small Group Limited Schedule of Benefits			
<input type="checkbox"/> Group Application			
<input type="checkbox"/> Member Application			
<input type="checkbox"/> Certificate of Coverage			
<input type="checkbox"/> Endorsement/Rider			
<input type="checkbox"/> Benefit Brochure			
PRIOR APPROVAL		Agreement #/Effective Date	Prior Agreement #/Effective Date
17. <input type="checkbox"/> Provider Agreement			
18. RATE		Contract #/Effective Date	Prior Contract #/Effective Date
<input checked="" type="checkbox"/> Proprietary	LARGE GROUP RATE FILING	LARGE GROUP RATE FILING	N/A
<input type="checkbox"/> For-Public	AUGUST 1, 2006	AUGUST 1, 2005	
19. NEGOTIATED CONTRACT		<input type="checkbox"/> Employer	<input type="checkbox"/> Association
<input checked="" type="checkbox"/> Fully Negotiated	<input type="checkbox"/> Short-Form Filing	<input type="checkbox"/> Paperwork	<input type="checkbox"/> Paperwork
		<input type="checkbox"/> Government	<input type="checkbox"/> Trust
		<input type="checkbox"/> Paperwork	<input type="checkbox"/> Paperwork
		<input type="checkbox"/> Union	<input type="checkbox"/> Paperwork
Negotiated Contract Number:		Effective Date:	
Group Name:		Group Number:	
Standard Master Contract Number (short form filings only):		Effective Date:	
Forms Included in this Filing: <input type="checkbox"/> Contract <input type="checkbox"/> Certificate of Coverage <input type="checkbox"/> Group Application <input type="checkbox"/> Enrollee Application			
(Please list form numbers in Section 22 attached)			
20. NEGOTIATED ENDORSEMENT/RIDER (FOR FULLY NEGOTIATED CONTRACTS ONLY. PLEASE COMPLETE FIELD 19 ABOVE.)			
Negotiated Endorsement/Rider Form #:		Changes Apply to: <input type="checkbox"/> Contract <input type="checkbox"/> Certificate of Coverage	
Please note that rate filings and form filings must be submitted together for new plans			

VI

CONVERSION FILINGS

EXAMPLE: COVER LETTER FOR CONVERSION
STANDARD MASTER CONTRACT

JUNE 1, 2006

TO: OFFICE OF THE INSURANCE COMMISSIONER
RATES AND FORMS DIVISION
PO BOX 40255
OLYMPIA, WA 98504-0255

FROM: WASHINGTON CARRIER
0000 ANY STREET
ANY TOWN, ANY STATE 00000
CARRIER CONTACT: ANGELA BARNES, CONTRACT MANAGER
(If this is not the person preparing the filing please include that person's name also).
CONTACT PHONE: (000) 000-0000

SUBJECT: Contract Number: ABC123-06
Product: ABC HEALTH (BASIC)
Proposed Effective Date: August 1, 2006

Dear Insurance Policy/Analyst:

Enclosed are standardized medical contract documents for your review, to assure compliance with state and federal guidelines. The documents included in this filing are:

- Conversion Contract

(The above section must be completed in full or the filing will be returned.)

A corresponding rate filing will be submitted under separate cover.

This letter and enclosed filing transmittal are prepared in duplicate. A self-addressed, stamped envelope is provided for your convenience in acknowledging final action on this filing.

Sincerely,
Washington Carrier

HEALTH CARE SERVICE CONTRACTOR/HEALTH MAINTENANCE ORGANIZATION TRANSMITTAL

1. Company ID WASHCOMPANY1234		2. Company Name WASHINGTON CARRIER		For OIC Use Only	
3. Date Submitted JUNE 1, 2006		4. Proposed Effective Date AUGUST 1, 2006		[] File ID [] Analyst	
5. Contact ANGELA BARNES		6. Title MANAGER, CONTRACTS		Approved	
				Reviewed	
				Withdrawn	
7. Phone (000) 000-0000		8. Fax # (000) 000-0000		Disapproved	
				Acknowledged	
9. E-Mail ABARNES@WACARRIER.COM		10. Purpose of Filing TO FILE CONVERSION FILING		State Tracking #	

Check all forms that apply to this filing. If additional space is required to list contract numbers, attach a separate sheet. Please fill out columns A through C every time you check a box

		A	B	C
Line of Insurance		Contract # Effective Date	Prior Contract # Effective Date	Product Name
STANDARD MASTER CONTRACT				
11.	<input type="checkbox"/> Large Group Contract (51+)			
	<input type="checkbox"/> Small Group Contract (2-50)			
	<input type="checkbox"/> Group Application			
	<input type="checkbox"/> Member Application			
	<input type="checkbox"/> Certificate of Coverage			
	<input type="checkbox"/> Endorsement/Rider			
12.	<input type="checkbox"/> Individual			
	<input type="checkbox"/> Application			
	<input type="checkbox"/> Endorsement/Rider			
13.	<input checked="" type="checkbox"/> Conversion	ABC123-06, 8/1/06	ABC123-05, 8/1/05	ABC HEALTH (BASIC)
	<input type="checkbox"/> Endorsement/Rider			
14.	<input type="checkbox"/> Network Reports			
	<input type="checkbox"/> Access Plan			
	<input type="checkbox"/> Form B – Network Enrollment			
	<input type="checkbox"/> GeoGraphic Network Report			
15.	<input type="checkbox"/> Other			
16.	<input type="checkbox"/> Small Group Limited Schedule of Benefits			
	<input type="checkbox"/> Group Application			
	<input type="checkbox"/> Member Application			
	<input type="checkbox"/> Certificate of Coverage			
	<input type="checkbox"/> Endorsement/Rider			
	<input type="checkbox"/> Benefit Brochure			
PRIOR APPROVAL		Agreement #/Effective Date	Prior Agreement #/Effective Date	
17.	<input type="checkbox"/> Provider Agreement			
18. RATE		Contract #/Effective Date	Prior Contract #/Effective Date	Negotiated Contract #/Effective Date
<input type="checkbox"/> Proprietary				
<input type="checkbox"/> For-Public				
19. NEGOTIATED CONTRACT		<input type="checkbox"/> Employer	<input type="checkbox"/> Association	<input type="checkbox"/> Government
<input checked="" type="checkbox"/> Fully Negotiated <input type="checkbox"/> Short-Form Filing		<input type="checkbox"/> Paperwork	<input type="checkbox"/> Paperwork	<input type="checkbox"/> Paperwork
		<input type="checkbox"/> Trust	<input type="checkbox"/> Union	<input type="checkbox"/> Paperwork
Negotiated Contract Number:		Effective Date:		
Group Name:		Group Number:		
Standard Master Contract Number (short form filings only):		Effective Date:		
Forms Included in this Filing: <input type="checkbox"/> Contract <input type="checkbox"/> Certificate of Coverage <input type="checkbox"/> Group Application <input type="checkbox"/> Enrollee Application (Please list form numbers in Section 22 attached)				
20. NEGOTIATED ENDORSEMENT/RIDER (FOR FULLY NEGOTIATED CONTRACTS ONLY. PLEASE COMPLETE FIELD 19 ABOVE.)				
Negotiated Endorsement/Rider Form #:		Changes Apply to: <input type="checkbox"/> Contract <input type="checkbox"/> Certificate of Coverage		
Please note that rate filings and form filings must be submitted together for new plans				

EXAMPLE: COVER LETTER FOR CONVERSION
PUBLIC RATE FILING

JUNE 1, 2006

TO: OFFICE OF THE INSURANCE COMMISSIONER
RATES AND FORMS DIVISION
PO BOX 40255
OLYMPIA, WA 98504-0255

FROM: WASHINGTON CARRIER
0000 ANY STREET
ANY TOWN, ANY STATE 00000
CARRIER CONTACT: ANGELA BARNES, CONTRACT MANAGER
(If this is not the person preparing the filing please include that person's name also).
CONTACT PHONE: (000) 000-0000

SUBJECT: Conversion Rate Filing - **Public Rate Schedule**
Effective Date: August 1, 2006
Form Number: ABC123-06
(If multiple form numbers, list all on a separate sheet)

Dear Rate Analyst:

Enclosed is the Conversion Public Rate filing for your review. This letter and enclosed filing transmittal are prepared in duplicate. A self-addressed, stamped envelope is provided for your convenience in acknowledging final action on this filing.

Sincerely,
Washington Carrier

HEALTH CARE SERVICE CONTRACTOR/HEALTH MAINTENANCE ORGANIZATION TRANSMITTAL

1. Company ID WASHCOMPANY1234	2. Company Name WASHINGTON CARRIER	For OIC Use Only	
		[] File ID	[] Analyst
3. Date Submitted JUNE 1, 2006	4. Proposed Effective Date AUGUST 1, 2006	Approved	Date
5. Contact ANGELA BARNES	6. Title MANAGER, CONTRACTS	Reviewed	Initials
		Withdrawn	
7. Phone (000) 000-0000	8. Fax # (000) 000-0000	Disapproved	
		Acknowledged	
9. E-Mail ABARNES@WACARRIER.COM	10. Purpose of Filing TO FILE CONVERSION RATE FILING – FOR PUBLIC	State Tracking #	

Check all forms that apply to this filing. If additional space is required to list contract numbers, attach a separate sheet. Please fill out columns A through C every time you check a box

	A	B	C
Line of Insurance	Contract # Effective Date	Prior Contract # Effective Date	Product Name
STANDARD MASTER CONTRACT			
11. <input type="checkbox"/> Large Group Contract (51+)			
<input type="checkbox"/> Small Group Contract (2-50)			
<input type="checkbox"/> Group Application			
<input type="checkbox"/> Member Application			
<input type="checkbox"/> Certificate of Coverage			
<input type="checkbox"/> Endorsement/Rider			
12. <input type="checkbox"/> Individual			
<input type="checkbox"/> Application			
<input type="checkbox"/> Endorsement/Rider			
13. <input type="checkbox"/> Conversion			
<input type="checkbox"/> Endorsement/Rider			
14. <input type="checkbox"/> Network Reports			
<input type="checkbox"/> Access Plan			
<input type="checkbox"/> Form B – Network Enrollment			
<input type="checkbox"/> GeoGraphic Network Report			
15. <input type="checkbox"/> Other			
16. <input type="checkbox"/> Small Group Limited Schedule of Benefits			
<input type="checkbox"/> Group Application			
<input type="checkbox"/> Member Application			
<input type="checkbox"/> Certificate of Coverage			
<input type="checkbox"/> Endorsement/Rider			
<input type="checkbox"/> Benefit Brochure			
PRIOR APPROVAL	Agreement #/Effective Date	Prior Agreement #/Effective Date	
17. <input type="checkbox"/> Provider Agreement			
18. RATE	Contract #/Effective Date	Prior Contract #/Effective Date	Negotiated Contract #/Effective Date
<input type="checkbox"/> Proprietary <input checked="" type="checkbox"/> For-Public	CONVERSION RATE FILING AUGUST 1, 2006	CONVERSION RATE FILING AUGUST 1, 2005	N/A
19. NEGOTIATED CONTRACT			
<input type="checkbox"/> Fully Negotiated <input type="checkbox"/> Short-Form Filing	<input type="checkbox"/> Employer <input type="checkbox"/> Paperwork	<input type="checkbox"/> Association <input type="checkbox"/> Paperwork	<input type="checkbox"/> Government <input type="checkbox"/> Paperwork
		<input type="checkbox"/> Trust <input type="checkbox"/> Paperwork	<input type="checkbox"/> Union <input type="checkbox"/> Paperwork
Negotiated Contract Number:		Effective Date:	
Group Name:		Group Number:	
Standard Master Contract Number (short form filings only):		Effective Date:	
Forms Included in this Filing: <input type="checkbox"/> Contract <input type="checkbox"/> Certificate of Coverage <input type="checkbox"/> Group Application <input type="checkbox"/> Enrollee Application (Please list form numbers in Section 22 attached)			
20. NEGOTIATED ENDORSEMENT/RIDER (FOR FULLY NEGOTIATED CONTRACTS ONLY - PLEASE COMPLETE FIELD 19 ABOVE.)			
Negotiated Endorsement/Rider Form #:		Changes Apply to: <input type="checkbox"/> Contract <input type="checkbox"/> Certificate of Coverage	
Please note that rate filings and form filings must be submitted together for new plans			

21. Additional Group Numbers:

22. Additional Form Numbers:

[illegible]

This Schedule is Part of Contract #: CONVERSION RATE FILING

Effective Date: AUGUST 1, 2006

EXAMPLE: COVER LETTER FOR CONVERSION PROPRIETARY
RATE FILING

JUNE 1, 2006

TO: OFFICE OF THE INSURANCE COMMISSIONER
RATES AND FORMS DIVISION
PO BOX 40255
OLYMPIA, WA 98504-0255

FROM: WASHINGTON CARRIER
0000 ANY STREET
ANY TOWN, ANY STATE 00000
CARRIER CONTACT: ANGELA BARNES, CONTRACT MANAGER
(If this is not the person preparing the filing please include that person's name also).
CONTACT PHONE: (000) 000-0000

SUBJECT: Conversion Rate Filing - **Proprietary**
Effective Date: August 1, 2006
Form Number: ABC123-06
(If multiple form numbers, list all on a separate sheet)

Dear Rate Analyst:

Enclosed is the Conversion Rate filing for your review. The documents included in this filing are:

- A Description of the Rate-Making Methodology
- Rate Exhibit

Per RCW 48.02.120(3), we request this filing to be withheld from public inspection. We have stamped "not-for-public" on each page of this filing.

This letter and enclosed filing transmittal are prepared in duplicate. A self-addressed, stamped envelope is provided for your convenience in acknowledging final action on this filing.

Sincerely,
Washington Carrier

HEALTH CARE SERVICE CONTRACTOR/HEALTH MAINTENANCE ORGANIZATION TRANSMITTAL

1. Company ID WASHCOMPANY1234	2. Company Name WASHINGTON CARRIER	For OIC Use Only	
3. Date Submitted JUNE 1, 2006	4. Proposed Effective Date AUGUST 1, 2006	[] File ID	[] Analyst
5. Contact ANGELA BARNES	6. Title MANAGER, CONTRACTS	Approved	Date
7. Phone (000) 000-0000	8. Fax # (000) 000-0000	Reviewed	Initials
9. E-Mail ABARNES@WACARRIER.COM	10. Purpose of Filing TO FILE CONVERSION RATE FILING – PROPRIETARY	Withdrawn	
		Disapproved	
		Acknowledged	
		State Tracking #	

Check all forms that apply to this filing. If additional space is required to list contract numbers, attach a separate sheet. Please fill out columns A through C every time you check a box

	A	B	C
Line of Insurance	Contract # Effective Date	Prior Contract # Effective Date	Product Name
STANDARD MASTER CONTRACT			
11. <input type="checkbox"/> Large Group Contract (51+)			
<input type="checkbox"/> Small Group Contract (2-50)			
<input type="checkbox"/> Group Application			
<input type="checkbox"/> Member Application			
<input type="checkbox"/> Certificate of Coverage			
<input type="checkbox"/> Endorsement/Rider			
12. <input type="checkbox"/> Individual			
<input type="checkbox"/> Application			
<input type="checkbox"/> Endorsement/Rider			
13. <input type="checkbox"/> Conversion			
<input type="checkbox"/> Endorsement/Rider			
14. <input type="checkbox"/> Network Reports			
<input type="checkbox"/> Access Plan			
<input type="checkbox"/> Form B – Network Enrollment			
<input type="checkbox"/> GeoGraphic Network Report			
15. <input type="checkbox"/> Other			
16. <input type="checkbox"/> Small Group Limited Schedule of Benefits			
<input type="checkbox"/> Group Application			
<input type="checkbox"/> Member Application			
<input type="checkbox"/> Certificate of Coverage			
<input type="checkbox"/> Endorsement/Rider			
<input type="checkbox"/> Benefit Brochure			
PRIOR APPROVAL		Agreement #/Effective Date	Prior Agreement #/Effective Date
17. <input type="checkbox"/> Provider Agreement			
18. RATE		Contract #/Effective Date	Prior Contract #/Effective Date
<input checked="" type="checkbox"/> Proprietary		CONVERSION RATE FILING	CONVERSION RATE FILING
<input type="checkbox"/> For-Public		AUGUST 1, 2006	AUGUST 1, 2005
19. NEGOTIATED CONTRACT		Negotiated Contract #/Effective Date	
<input type="checkbox"/> Fully Negotiated <input type="checkbox"/> Short-Form Filing		N/A	
<input type="checkbox"/> Employer	<input type="checkbox"/> Association	<input type="checkbox"/> Government	<input type="checkbox"/> Trust
<input type="checkbox"/> Paperwork	<input type="checkbox"/> Paperwork	<input type="checkbox"/> Paperwork	<input type="checkbox"/> Paperwork
Negotiated Contract Number:		Effective Date:	
Group Name:		Group Number:	
Standard Master Contract Number (short form filings only):		Effective Date:	
Forms Included in this Filing: <input type="checkbox"/> Contract <input type="checkbox"/> Certificate of Coverage <input type="checkbox"/> Group Application <input type="checkbox"/> Enrollee Application			
(Please list form numbers in Section 22 attached)			
20. NEGOTIATED ENDORSEMENT/RIDER (FOR FULLY NEGOTIATED CONTRACTS ONLY. PLEASE COMPLETE FIELD 19 ABOVE.)			
Negotiated Endorsement/Rider Form #:		Changes Apply to: <input type="checkbox"/> Contract <input type="checkbox"/> Certificate of Coverage	
Please note that rate filings and form filings must be submitted together for new plans			

VII

FULLY NEGOTIATED FILINGS

EXAMPLE: COVER LETTER FOR FULLY NEGOTIATED CONTRACT
WITH PUBLIC RATES

JULY 1, 2006

TO: OFFICE OF THE INSURANCE COMMISSIONER
RATES AND FORMS DIVISION
PO BOX 40255
OLYMPIA, WA 98504-0255

FROM: WASHINGTON CARRIER
0000 ANY STREET
ANY TOWN, ANY STATE 00000
CARRIER CONTACT: ANGELA BARNES, CONTRACT MANAGER
(If this is not the person preparing the filing please include that
person's name also).
CONTACT PHONE: (000) 000-0000

SUBJECT:	Group Name:	Apple Growers of Washington
	Negotiated Contract Number:	AGOW-06
	Contract Effective Date:	June 1, 2006
	Overall rate change:	Increase 10.0%
	Eligible Employees:	500
	Number of Enrolled Employees	175
	Number of Enrollees	235

Enclosed is a "Fully Negotiated" group contract. This contract is being filed for your review to assure compliance with state and federal guidelines.

A rate development summary is included in the proprietary rate filing pursuant to WAC 284-43-950. *(See pages 7-5 through 7-8.)* The new monthly rates for this group are attached with the contract. **A copy of this cover letter is included for the proprietary rate filing.**

This letter and enclosed filing transmittal are prepared in duplicate. A self-addressed, stamped envelope is provided for your convenience in acknowledging final action on this filing.

Sincerely,
Washington Carrier

HEALTH CARE SERVICE CONTRACTOR/HEALTH MAINTENANCE ORGANIZATION TRANSMITTAL

1. Company ID WASHCOMPANY1234	2. Company Name WASHINGTON CARRIER	For OIC Use Only		
3. Date Submitted JULY 1, 2006	4. Proposed Effective Date JUNE 1, 2006	[] File ID	[] Analyst	
		Approved	Date	Initials
5. Contact ANGELA BARNES	6. Title MANAGER, CONTRACTS	Reviewed		
		Withdrawn		
7. Phone (000) 000-0000	8. Fax # (000) 000-0000	Disapproved		
9. E-Mail ABARNES@WACARRIER.COM	10. Purpose of Filing TO FILE FULLY NEGOTIATED CONTRACT WITH PUBLIC RATE	Acknowledged		
		State Tracking #		

Check all forms that apply to this filing. If additional space is required to list contract numbers, attach a separate sheet. Please fill out columns A through C every time you check a box

	A	B	C
Line of Insurance	Contract # Effective Date	Prior Contract # Effective Date	Product Name
STANDARD MASTER CONTRACT			
11. <input type="checkbox"/> Large Group Contract (51+)			
<input type="checkbox"/> Small Group Contract (2-50) <input type="checkbox"/> Group Application <input type="checkbox"/> Member Application <input type="checkbox"/> Certificate of Coverage <input type="checkbox"/> Endorsement/Rider			
12. <input type="checkbox"/> Individual			
<input type="checkbox"/> Application <input type="checkbox"/> Endorsement/Rider			
13. <input type="checkbox"/> Conversion			
<input type="checkbox"/> Endorsement/Rider			
14. <input type="checkbox"/> Network Reports			
<input type="checkbox"/> Access Plan			
<input type="checkbox"/> Form B – Network Enrollment			
<input type="checkbox"/> GeoGraphic Network Report			
15. <input type="checkbox"/> Other			
16. <input type="checkbox"/> Small Group Limited Schedule of Benefits			
<input type="checkbox"/> Group Application			
<input type="checkbox"/> Member Application			
<input type="checkbox"/> Certificate of Coverage			
<input type="checkbox"/> Endorsement/Rider			
<input type="checkbox"/> Benefit Brochure			
PRIOR APPROVAL		Agreement #/Effective Date	Prior Agreement #/Effective Date
17. <input type="checkbox"/> Provider Agreement			
18. RATE		Contract #/Effective Date	Prior Contract #/Effective Date
<input type="checkbox"/> Proprietary <input checked="" type="checkbox"/> For-Public			Negotiated Contract #/Effective Date
19. NEGOTIATED CONTRACT		<input checked="" type="checkbox"/> Employer <input type="checkbox"/> Paperwork	<input type="checkbox"/> Association <input type="checkbox"/> Paperwork
<input checked="" type="checkbox"/> Fully Negotiated <input type="checkbox"/> Short-Form Filing		<input type="checkbox"/> Government <input type="checkbox"/> Paperwork	<input type="checkbox"/> Trust <input type="checkbox"/> Paperwork
		<input type="checkbox"/> Union <input type="checkbox"/> Paperwork	
Negotiated Contract Number: AGOW-06		Effective Date: 6/1/06	
Group Name: APPLE GROWERS OF WASHINGTON		Group Number: 00000	
Standard Master Contract Number (short form filings only):		Effective Date:	
Forms Included in this Filing: <input checked="" type="checkbox"/> Contract <input checked="" type="checkbox"/> Certificate of Coverage <input checked="" type="checkbox"/> Group Application <input checked="" type="checkbox"/> Enrollee Application (Please list form numbers in Section 22 attached)			
20. NEGOTIATED ENDORSEMENT/RIDER (FOR FULLY NEGOTIATED CONTRACTS ONLY. PLEASE COMPLETE FIELD 19 ABOVE.)			
Negotiated Endorsement/Rider Form #:		Changes Apply to: <input type="checkbox"/> Contract <input type="checkbox"/> Certificate of Coverage	
Please note that rate filings and form filings must be submitted together for new plans			

21. Additional Group Numbers:

22. Additional Form Numbers:

[illegible]

This Schedule is Part of Contract #: AGOW-06
Effective Date: 6/1/06

EXAMPLE: COPY OF COVER LETTER FOR FULLY NEGOTIATED
CONTRACT FOR PROPRIETARY RATE FILING

JULY 1, 2006

TO: OFFICE OF THE INSURANCE COMMISSIONER
RATES AND FORMS DIVISION
PO BOX 40255
OLYMPIA, WA 98504-0255

FROM: WASHINGTON CARRIER
0000 ANY STREET
ANY TOWN, ANY STATE 00000
CARRIER CONTACT: ANGELA BARNES, CONTRACT MANAGER
(If this is not the person preparing the filing please include that person's
name also).
CONTACT PHONE: (000) 000-0000

SUBJECT: Group Name: Apple Growers of Washington
Negotiated Contract Number: AGOW-06
Contract Effective Date: June 1, 2006
Overall rate change: Increase 10.0%
Eligible Employees: 500
Number of Enrolled Employees 175
Number of Enrollees 235

Enclosed is a "Fully Negotiated" group contract. This contract is being filed for your review to assure compliance with state and federal guidelines.

A rate development summary is included with the proprietary rate filing pursuant to WAC 284-43-950. *(See pages 7-7 through 7-8.)* The new monthly rates for this group are attached with the contract. **A copy of this cover letter is included for the proprietary rate filing.**

This letter and enclosed filing transmittal are prepared in duplicate. A self-addressed, stamped envelope is provided for your convenience in acknowledging final action on this filing.

Sincerely,
Washington Carrier

HEALTH CARE SERVICE CONTRACTOR/HEALTH MAINTENANCE ORGANIZATION TRANSMITTAL

1. Company ID WASHCOMPANY1234	2. Company Name WASHINGTON CARRIER	For OIC Use Only	
3. Date Submitted JULY 1, 2006	4. Proposed Effective Date JUNE 1, 2006	[] File ID	[] Analyst
5. Contact ANGELA BARNES	6. Title MANAGER, CONTRACTS	Approved	Date
7. Phone (000) 000-0000	8. Fax # (000) 000-0000	Reviewed	Initials
9. E-Mail ABARNES@WACARRIER.COM	10. Purpose of Filing TO FILE FULLY NEGOTIATED RATE - PROPRIETARY	Withdrawn	
		Disapproved	
		Acknowledged	
		State Tracking #	

Check all forms that apply to this filing. If additional space is required to list contract numbers, attach a separate sheet. Please fill out columns A through C every time you check a box

	A	B	C
Line of Insurance	Contract # Effective Date	Prior Contract # Effective Date	Product Name
STANDARD MASTER CONTRACT			
11. <input type="checkbox"/> Large Group Contract (51+)			
<input type="checkbox"/> Small Group Contract (2-50)			
<input type="checkbox"/> Group Application			
<input type="checkbox"/> Member Application			
<input type="checkbox"/> Certificate of Coverage			
<input type="checkbox"/> Endorsement/Rider			
12. <input type="checkbox"/> Individual			
<input type="checkbox"/> Application			
<input type="checkbox"/> Endorsement/Rider			
13. <input type="checkbox"/> Conversion			
<input type="checkbox"/> Endorsement/Rider			
14. <input type="checkbox"/> Network Reports			
<input type="checkbox"/> Access Plan			
<input type="checkbox"/> Form B – Network Enrollment			
<input type="checkbox"/> GeoGraphic Network Report			
15. <input type="checkbox"/> Other			
16. <input type="checkbox"/> Small Group Limited Schedule of Benefits			
<input type="checkbox"/> Group Application			
<input type="checkbox"/> Member Application			
<input type="checkbox"/> Certificate of Coverage			
<input type="checkbox"/> Endorsement/Rider			
<input type="checkbox"/> Benefit Brochure			
PRIOR APPROVAL		Agreement #/Effective Date	Prior Agreement #/Effective Date
17. <input type="checkbox"/> Provider Agreement			
18. RATE		Contract #/Effective Date	Prior Contract #/Effective Date
		Negotiated Contract #/Effective Date	
<input checked="" type="checkbox"/> Proprietary		PROPRIETARY RATE	PROPRIETARY RATE
<input type="checkbox"/> For-Public		JUNE 1, 2006	JUNE 1, 2005
19. NEGOTIATED CONTRACT			
<input type="checkbox"/> Fully Negotiated	<input type="checkbox"/> Short-Form Filing	<input type="checkbox"/> Employer	<input type="checkbox"/> Association
		<input type="checkbox"/> Paperwork	<input type="checkbox"/> Paperwork
		<input type="checkbox"/> Government	<input type="checkbox"/> Trust
		<input type="checkbox"/> Paperwork	<input type="checkbox"/> Paperwork
		<input type="checkbox"/> Union	<input type="checkbox"/> Paperwork
Negotiated Contract Number:		Effective Date:	
Group Name:		Group Number:	
Standard Master Contract Number (short form filings only):		Effective Date:	
Forms Included in this Filing: <input type="checkbox"/> Contract <input type="checkbox"/> Certificate of Coverage <input type="checkbox"/> Group Application <input type="checkbox"/> Enrollee Application			
(Please list form numbers in Section 22 attached)			
20. NEGOTIATED ENDORSEMENT/RIDER (FOR FULLY NEGOTIATED CONTRACTS ONLY - PLEASE COMPLETE FIELD 19 ABOVE.)			
Negotiated Endorsement/Rider Form #:		Changes Apply to: <input type="checkbox"/> Contract <input type="checkbox"/> Certificate of Coverage	
Please note that rate filings and form filings must be submitted together for new plans			

21. Additional Group Numbers:

22. Additional Form Numbers:

[illegible]

Effective Date: 6/1/06

**EXAMPLE: WAC 284-43-950 FULLY NEGOTIATED
RATE SUMMARY
GROUPS OTHER THAN SMALL GROUPS FILING SUMMARY
(WAC 284-43-950)**

Carrier Name	WASHINGTON CARRIER
Address	0000 ANY STREET
	ANY TOWN, ANY STATE 00000
Contract Holder/Pool Category and Name (Check One Box)	<input checked="" type="checkbox"/> Single Employer Group: Employer Name: APPLE GROWERS (A SINGLE EMPLOYER GROUP)
	<input type="checkbox"/> Multiemployer other than Association/Trust Groups Group Pool Name:
	<input type="checkbox"/> Association/Trust Groups Association/Trust Group Name:
Contract Form Number	AGOW-06
Rate Form Number (if different from Contract Form Number)	
Product Name	APPLE GROWERS OF WASHINGTON

Rate Renewal Period:	From: 8/1/06	To: 7/31/07
Date Submitted:	7/1/06	
Type of Filing (check one box):	<input type="checkbox"/> New Group Contract	<input checked="" type="checkbox"/> Revision of Existing Group Contract

Rate Summary

Current Rate (Composite per employee or per member)	\$ 355.02 per member per month
Percentage Rate Change	10.0%
New Rate	\$ 390.52 per member per month
Average Number of Enrollees Each Month During the Experience Period (If the average number of enrollees is equal to or less than fifty, explain why this is not a small group, as defined in RCW 48.43.005.)	235
Anticipated Loss Ratio	85.0%
Portion of carrier's total enrollment affected	0.04%
Portion of carrier's total premium revenue affected	0.06%

**EXAMPLE: WAC 284-43-950 FULLY NEGOTIATED
RATE SUMMARY**

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Summary of Contract Experience

	Experience Period	First Prior Period	Second Prior Period
	From 1/1/05 To 12/31/05	From 1/1/04 To 12/31/04	From 1/1/03 To 12/31/03
Member Months	2820	2218	1928
Billed Premium	\$1,001,154	\$748,761	\$526,790
Incurred Claims	\$1,310,097	\$619,106	\$271,611
Expenses	\$133,954	\$97,489	\$69,484
Gain/Loss	-\$442,897	\$32,166	\$185,696
Experience Refund/Credit or Recoupment	\$-0-	\$-0-	\$-0-
Earned Premium (Billed Premium - /.+ Refund/Credit or Recoupment)	\$1,001,154	\$748,761	\$526,790
Loss Ratio Percentage	131%	83%	52%

Comments or additional information.	
Preparer's Information	
Name:	JOE SMITH
Title:	UNDERWRITING MANAGER
Telephone Number:	(000) 000-0000

VIII

SHORT FORM FILINGS

EXAMPLE 1: COVER LETTER FOR A NEGOTIATED SHORT FORM
WITH PUBLIC RATE (WITHOUT PROPRIETARY RATE FILING)

JULY 1, 2006

TO: OFFICE OF THE INSURANCE COMMISSIONER
RATES AND FORMS DIVISION
PO BOX 40255
OLYMPIA, WA 98504-0255

FROM: WASHINGTON CARRIER
0000 ANY STREET
ANY TOWN, ANY STATE 00000
CARRIER CONTACT: ANGELA BARNES, CONTRACT MANAGER
(If this is not the person preparing the filing please include that person's name also).
CONTACT PHONE: (000) 000-0000

SUBJECT: Group Name: Apple Growers of Washington
 Group Contract Number: AGOWSF-06
 Contract Effective Date: June 1, 2006
 Overall rate change: Increase 6.61%
 Eligible Employees: 59
 Enrolled Employees: 25
 Total Enrollees: 31

Enclosed is a group contract which is being filed as a "Negotiated Short Form" as it contains 12 or fewer deviations from the standard master *Washington Carrier* contract, form ABC123-06, with an effective date of 1/1/06. This negotiated short form is being filed for your review to assure compliance with state and federal guidelines.

The form deviation(s) are as follows:

- The group has a "Rehire Provision" added to the eligibility section of the certificate of coverage.
- The Chemical Dependency definition was revised for clarification purposes.

(The above section must be completed in full or the filing will be returned.)

A rate development summary (WAC 284-43-950) is not included because the annual large group rate manual has been filed with your office on (date) and the rating methodologies for this group is included in that rating manual. ***(Do not submit pages 8-5 through 8-8.)*** The new monthly rates for this group, effective 6/1/06 are as follows: (Note: a public rate must be given for each category in the rate tier, and for each rate heading.)

For public disclosure	Medical
Employee	231.00
Employee & Spouse	462.00
Employee, Spouse & Child(ren)	578.00
Employee & Child(ren)	347.00

This letter and the enclosed filing transmittal are prepared in duplicate and a self-addressed, stamped envelope is provided for your convenience in acknowledging your final action on this filing.

Sincerely,
Washington Carrier

HEALTH CARE SERVICE CONTRACTOR/HEALTH MAINTENANCE ORGANIZATION TRANSMITTAL

1. Company ID WASHCOMPANY1234		2. Company Name WASHINGTON CARRIER		For OIC Use Only	
				[] File ID	[] Analyst
3. Date Submitted JULY 1, 2006		4. Proposed Effective Date JUNE 1, 2006		Approved	Date
				Reviewed	Initials
5. Contact ANGELA BARNES		6. Title MANAGER, CONTRACTS		Withdrawn	
				Disapproved	
7. Phone (000) 000-0000		8. Fax # (000) 000-0000		Acknowledged	
				State Tracking #	
9. E-Mail ABARNES@WACARRIER.COM		10. Purpose of Filing TO FILE NEGOTIATED SHORT FORM WITH PUBLIC RATE			

Check all forms that apply to this filing. If additional space is required to list contract numbers, attach a separate sheet. Please fill out columns A through C every time you check a box

		A	B	C
Line of Insurance		Contract # Effective Date	Prior Contract # Effective Date	Product Name
STANDARD MASTER CONTRACT				
11.	<input type="checkbox"/> Large Group Contract (51+)			
	<input type="checkbox"/> Small Group Contract (2-50)			
	<input type="checkbox"/> Group Application			
	<input type="checkbox"/> Member Application			
	<input type="checkbox"/> Certificate of Coverage			
	<input type="checkbox"/> Endorsement/Rider			
12.	<input type="checkbox"/> Individual			
	<input type="checkbox"/> Application			
	<input type="checkbox"/> Endorsement/Rider			
13.	<input type="checkbox"/> Conversion			
	<input type="checkbox"/> Endorsement/Rider			
14.	<input type="checkbox"/> Network Reports			
	<input type="checkbox"/> Access Plan			
	<input type="checkbox"/> Form B – Network Enrollment			
	<input type="checkbox"/> GeoGraphic Network Report			
15.	<input type="checkbox"/> Other			
16.	<input type="checkbox"/> Small Group Limited Schedule of Benefits			
	<input type="checkbox"/> Group Application			
	<input type="checkbox"/> Member Application			
	<input type="checkbox"/> Certificate of Coverage			
	<input type="checkbox"/> Endorsement/Rider			
	<input type="checkbox"/> Benefit Brochure			
PRIOR APPROVAL		Agreement #/Effective Date	Prior Agreement #/Effective Date	
17.	<input type="checkbox"/> Provider Agreement			
18. RATE		Contract #/Effective Date	Prior Contract #/Effective Date	Negotiated Contract #/Effective Date
<input type="checkbox"/> Proprietary				
<input checked="" type="checkbox"/> For-Public				
19. NEGOTIATED CONTRACT		<input checked="" type="checkbox"/> Employer	<input type="checkbox"/> Association	<input type="checkbox"/> Government
<input type="checkbox"/> Fully Negotiated <input checked="" type="checkbox"/> Short-Form Filing		<input type="checkbox"/> Paperwork	<input type="checkbox"/> Paperwork	<input type="checkbox"/> Paperwork
		<input type="checkbox"/> Trust	<input type="checkbox"/> Union	<input type="checkbox"/> Paperwork
Negotiated Contract Number: AGOWSF-06 Effective Date: 6/1/06				
Group Name: APPLE GROWERS OF WASHINGTON Group Number: 00000				
Standard Master Contract Number (short form filings only): ABC123-06 Effective Date: 1/1/06				
Forms Included in this Filing: <input type="checkbox"/> Contract <input type="checkbox"/> Certificate of Coverage <input type="checkbox"/> Group Application <input type="checkbox"/> Enrollee Application (Please list form numbers in Section 22 attached)				
20. NEGOTIATED ENDORSEMENT/RIDER (FOR FULLY NEGOTIATED CONTRACTS ONLY. PLEASE COMPLETE FIELD 19 ABOVE.)				
Negotiated Endorsement/Rider Form #:		Changes Apply to: <input type="checkbox"/> Contract <input type="checkbox"/> Certificate of Coverage		
Please note that rate filings and form filings must be submitted together for new plans				

EXAMPLE 2-A: COVER LETTER FOR A NEGOTIATED SHORT FORM WITH
PUBLIC RATE & A SEPARATE PROPRIETARY RATE FILING

JULY 1, 2006

TO: OFFICE OF THE INSURANCE COMMISSIONER
RATES AND FORMS DIVISION
PO BOX 40255
OLYMPIA, WA 98504-0255

FROM: WASHINGTON CARRIER
0000 ANY STREET
ANY TOWN, ANY STATE 00000
CARRIER CONTACT: ANGELA BARNES, CONTRACT MANAGER
(If this is not the person preparing the filing please include that person's name also).
CONTACT PHONE: (000) 000-0000

SUBJECT: Group Name: Apple Growers of Washington
Group Contract Number: AGOWSF-06
Contract Effective Date: June 1, 2006
Overall rate change: Increase 6.61%
Eligible Employees: 59
Enrolled Employees: 25
Total Enrollees 31

Enclosed is a group contract which is being filed as a "Negotiated Short Form" as it contains 12 or fewer deviations from the standard master *Washington Carrier* contract, form ABC123-06, with an effective date of 1/1/06. This negotiated short form is being filed for your review to assure compliance with state and federal guidelines.

The form deviation(s) are as follows:

- The group has a "Rehire Provision" added to the eligibility section of the certificate of coverage.
- The Chemical Dependency definition was revised for clarification purposes.

(The above section must be completed in full or the filing will be returned.)

A rate development summary is included pursuant to WAC 284-43-950. *(See pages 8-7 through 8-8.)* A copy of this letter is included for the separate proprietary rate filing. The new monthly rates for this group, effective 6/1/06 are as follows: (Note: a public rate must be given for each category in the rate tier, and for each rate heading.)

For public disclosure	Medical
Employee	231.00
Employee & Spouse	462.00
Employee, Spouse & Child(ren)	578.00
Employee & Child(ren)	347.00

This letter and the enclosed filing transmittal are prepared in duplicate and a self-addressed, stamped envelope is provided for your convenience in acknowledging your final action on this filing.

Sincerely,
Washington Carrier

HEALTH CARE SERVICE CONTRACTOR/HEALTH MAINTENANCE ORGANIZATION TRANSMITTAL

1. Company ID WASHCOMPANY1234	2. Company Name WASHINGTON CARRIER	For OIC Use Only	
3. Date Submitted JULY 1, 2006	4. Proposed Effective Date JUNE 1, 2006	[] File ID	[] Analyst
5. Contact ANGELA BARNES	6. Title MANAGER, CONTRACTS	Approved	Date
7. Phone (000) 000-0000	8. Fax # (000) 000-0000	Reviewed	Initials
9. E-Mail ABARNES@WACARRIER.COM	10. Purpose of Filing TO FILE NEGOTIATED SHORT FORM WITH PUBLIC RATE	Withdrawn	
		Disapproved	
		Acknowledged	
		State Tracking #	

Check all forms that apply to this filing. If additional space is required to list contract numbers, attach a separate sheet. Please fill out columns A through C every time you check a box

	A	B	C
Line of Insurance	Contract # Effective Date	Prior Contract # Effective Date	Product Name
STANDARD MASTER CONTRACT			
11. <input type="checkbox"/> Large Group Contract (51+)			
<input type="checkbox"/> Small Group Contract (2-50)			
<input type="checkbox"/> Group Application			
<input type="checkbox"/> Member Application			
<input type="checkbox"/> Certificate of Coverage			
<input type="checkbox"/> Endorsement/Rider			
12. <input type="checkbox"/> Individual			
<input type="checkbox"/> Application			
<input type="checkbox"/> Endorsement/Rider			
13. <input type="checkbox"/> Conversion			
<input type="checkbox"/> Endorsement/Rider			
14. <input type="checkbox"/> Network Reports			
<input type="checkbox"/> Access Plan			
<input type="checkbox"/> Form B – Network Enrollment			
<input type="checkbox"/> GeoGraphic Network Report			
15. <input type="checkbox"/> Other			
16. <input type="checkbox"/> Small Group Limited Schedule of Benefits			
<input type="checkbox"/> Group Application			
<input type="checkbox"/> Member Application			
<input type="checkbox"/> Certificate of Coverage			
<input type="checkbox"/> Endorsement/Rider			
<input type="checkbox"/> Benefit Brochure			
PRIOR APPROVAL		Agreement #/Effective Date	Prior Agreement #/Effective Date
17. <input type="checkbox"/> Provider Agreement			
18. RATE		Contract #/Effective Date	Prior Contract #/Effective Date
<input type="checkbox"/> Proprietary			Negotiated Contract #/Effective Date
<input checked="" type="checkbox"/> For-Public			
19. NEGOTIATED CONTRACT		<input checked="" type="checkbox"/> Employer	<input type="checkbox"/> Association
<input type="checkbox"/> Fully Negotiated	<input checked="" type="checkbox"/> Short-Form Filing	<input type="checkbox"/> Paperwork	<input type="checkbox"/> Paperwork
		<input type="checkbox"/> Government	<input type="checkbox"/> Trust
		<input type="checkbox"/> Paperwork	<input type="checkbox"/> Paperwork
		<input type="checkbox"/> Union	<input type="checkbox"/> Paperwork
Negotiated Contract Number: AGOWSF-06		Effective Date: 6/1/06	
Group Name: APPLE GROWERS OF WASHINGTON		Group Number: 00000	
Standard Master Contract Number (short form filings only): ABC123-06		Effective Date: 1/1/06	
Forms Included in this Filing: <input type="checkbox"/> Contract <input type="checkbox"/> Certificate of Coverage <input type="checkbox"/> Group Application <input type="checkbox"/> Enrollee Application (Please list form numbers in Section 22 attached)			
20. NEGOTIATED ENDORSEMENT/RIDER (FOR FULLY NEGOTIATED CONTRACTS ONLY. PLEASE COMPLETE FIELD 19 ABOVE.)			
Negotiated Endorsement/Rider Form #:		Changes Apply to: <input type="checkbox"/> Contract <input type="checkbox"/> Certificate of Coverage	
Please note that rate filings and form filings must be submitted together for new plans			

EXAMPLE 2-B: COPY OF COVER LETTER FOR A NEGOTIATED SHORT FORM
FOR THE PROPRIETARY RATE FILING

JULY 1, 2006

TO: OFFICE OF THE INSURANCE COMMISSIONER
RATES AND FORMS DIVISION
PO BOX 40255
OLYMPIA, WA 98504-0255

FROM: WASHINGTON CARRIER
0000 ANY STREET
ANY TOWN, ANY STATE 00000
CARRIER CONTACT: ANGELA BARNES, CONTRACT MANAGER
(If this is not the person preparing the filing please include that person's name also).
CONTACT PHONE: (000) 000-0000

SUBJECT: Group Name: Apple Growers of Washington
 Group Contract Number: AGOWSF-06
 Contract Effective Date: June 1, 2006
 Overall rate change: Increase 6.61%
 Eligible Employees: 59
 Enrolled Employees: 25
 Total Enrollees 31

Enclosed is a group contract which is being filed as a "Negotiated Short Form" as it contains 12 or fewer deviations from the standard master *Washington Carrier* contract, form ABC123-06, with an effective date of 1/1/06. This negotiated short form is being filed for your review to assure compliance with state and federal guidelines.

The form deviation(s) are as follows:

- The group has a "Rehire Provision" added to the eligibility section of the certificate of coverage.
- The Chemical Dependency definition was revised for clarification purposes.

(The above section must be completed in full or the filing will be returned.)

A rate development summary is included pursuant to WAC 284-43-950. *(See pages 8-7 through 8-8.)* This letter is included for the proprietary rate filing. The new monthly rates for this group, effective 6/1/06 are as follows:
(Note: a public rate must be given for each category in the rate tier, and for each rate heading.)

For public disclosure	Medical
Employee	231.00
Employee & Spouse	462.00
Employee, Spouse & Child(ren)	578.00
Employee & Child(ren)	347.00

This letter and the enclosed filing transmittal are prepared in duplicate and a self-addressed, stamped envelope is provided for your convenience in acknowledging your final action on this filing.

Sincerely,
Washington Carrier

HEALTH CARE SERVICE CONTRACTOR/HEALTH MAINTENANCE ORGANIZATION TRANSMITTAL

1. Company ID WASHCOMPANY1234	2. Company Name WASHINGTON CARRIER	For OIC Use Only	
3. Date Submitted JULY 1, 2006	4. Proposed Effective Date JUNE 1, 2006	[] File ID	[] Analyst
5. Contact ANGELA BARNES	6. Title MANAGER, CONTRACTS	Approved	Date
7. Phone (000) 000-0000	8. Fax # (000) 000-0000	Reviewed	Initials
9. E-Mail ABARNES@WACARRIER.COM	10. Purpose of Filing TO FILE NEGOTIATED SHORT FORM WITH PROPRIETARY RATE	Withdrawn	
		Disapproved	
		Acknowledged	
		State Tracking #	

Check all forms that apply to this filing. If additional space is required to list contract numbers, attach a separate sheet. Please fill out columns A through C every time you check a box

	A	B	C
Line of Insurance	Contract # Effective Date	Prior Contract # Effective Date	Product Name
STANDARD MASTER CONTRACT			
11. <input type="checkbox"/> Large Group Contract (51+)			
<input type="checkbox"/> Small Group Contract (2-50)			
<input type="checkbox"/> Group Application			
<input type="checkbox"/> Member Application			
<input type="checkbox"/> Certificate of Coverage			
<input type="checkbox"/> Endorsement/Rider			
12. <input type="checkbox"/> Individual			
<input type="checkbox"/> Application			
<input type="checkbox"/> Endorsement/Rider			
13. <input type="checkbox"/> Conversion			
<input type="checkbox"/> Endorsement/Rider			
14. <input type="checkbox"/> Network Reports			
<input type="checkbox"/> Access Plan			
<input type="checkbox"/> Form B – Network Enrollment			
<input type="checkbox"/> GeoGraphic Network Report			
15. <input type="checkbox"/> Other			
16. <input type="checkbox"/> Small Group Limited Schedule of Benefits			
<input type="checkbox"/> Group Application			
<input type="checkbox"/> Member Application			
<input type="checkbox"/> Certificate of Coverage			
<input type="checkbox"/> Endorsement/Rider			
<input type="checkbox"/> Benefit Brochure			
PRIOR APPROVAL		Agreement #/Effective Date	Prior Agreement #/Effective Date
17. <input type="checkbox"/> Provider Agreement			
18. RATE		Contract #/Effective Date	Prior Contract #/Effective Date
<input checked="" type="checkbox"/> Proprietary	PROPRIETARY RATE	PROPRIETARY RATE	Negotiated Contract #/Effective Date
<input type="checkbox"/> For-Public	JUNE 1, 2006	JUNE 1, 2005	AG0WSF-06, 6/1/06
19. NEGOTIATED CONTRACT		<input type="checkbox"/> Employer	<input type="checkbox"/> Association
<input type="checkbox"/> Fully Negotiated	<input type="checkbox"/> Short-Form Filing	<input type="checkbox"/> Paperwork	<input type="checkbox"/> Paperwork
		<input type="checkbox"/> Government	<input type="checkbox"/> Trust
		<input type="checkbox"/> Paperwork	<input type="checkbox"/> Paperwork
		<input type="checkbox"/> Union	<input type="checkbox"/> Paperwork
Negotiated Contract Number:		Effective Date:	
Group Name:		Group Number:	
Standard Master Contract Number (short form filings only):		Effective Date:	
Forms Included in this Filing: <input type="checkbox"/> Contract <input type="checkbox"/> Certificate of Coverage <input type="checkbox"/> Group Application <input type="checkbox"/> Enrollee Application (Please list form numbers in Section 22 attached)			
20. NEGOTIATED ENDORSEMENT/RIDER (FOR FULLY NEGOTIATED CONTRACTS ONLY. PLEASE COMPLETE FIELD 19 ABOVE.)			
Negotiated Endorsement/Rider Form #:		Changes Apply to: <input type="checkbox"/> Contract <input type="checkbox"/> Certificate of Coverage	
Please note that rate filings and form filings must be submitted together for new plans			

**EXAMPLE: WAC 284-43-950 FULLY NEGOTIATED
RATE SUMMARY
GROUPS OTHER THAN SMALL GROUPS FILING SUMMARY
(WAC 284-43-950)**

Carrier Name	WASHINGTON CARRIER
Address	0000 ANY STREET
	ANY TOWN, ANY STATE 00000
Contract Holder/Pool Category and Name (Check One Box)	<input checked="" type="checkbox"/> Single Employer Group: Employer Name: APPLE GROWERS (A SINGLE EMPLOYER GROUP)
	<input type="checkbox"/> Multiemployer other than Association/Trust Groups Group Pool Name:
	<input type="checkbox"/> Association/Trust Groups Association/Trust Group Name:
Contract Form Number	AGOW-06, 1/1/06
Rate Form Number (if different from Contract Form Number)	
Product Name	APPLE GROWERS OF WASHINGTON

Rate Renewal Period:	From: 6/1/06	To: 5/31/07
Date Submitted:	7/1/06	
Type of Filing (check one box):	<input type="checkbox"/> New Group Contract	<input checked="" type="checkbox"/> Revision of Existing Group Contract

Rate Summary

Current Rate (Composite per employee or per member)	\$ 485.57 per member per month
Percentage Rate Change	6.61%
New Rate	\$ 517.66 per member per month
Average Number of Enrollees Each Month During the Experience Period (If the average number of enrollees is equal to or less than fifty, explain why this is not a small group, as defined in RCW 48.43.005.)	31 This group has 59 employees. Only 31 employees are enrolled.
Anticipated Loss Ratio	86.62%
Portion of carrier's total enrollment affected	0.01%
Portion of carrier's total premium revenue affected	0.01%

EXAMPLE: WAC 284-43-950 FULLY NEGOTIATED RATE SUMMARY

Summary of Contract Experience

	Experience Period	First Prior Period	Second Prior Period
	From 1/1/05 To 12/31/05	From To	From To
Member Months	372		
Billed Premium	\$180,632.04		
Incurred Claims	\$151,730.88		
Expenses	\$27,094.81		
Gain/Loss	-\$1,806.35		
Experience Refund/Credit or Recoupment	\$-0-		
Earned Premium (Billed Premium - /.+ Refund/Credit or Recoupment)	\$180,632.04		
Loss Ratio Percentage	84.0%		

Comments or additional information.	
Preparer's Information	
Name:	JOE SMITH
Title:	UNDERWRITING MANAGER
Telephone Number:	(000) 000-0000

IX

ENDORSEMENT FILINGS

EXAMPLE: COVER LETTER FOR SINGLE LINE OF BUSINESS
BLANKET ENDORSEMENT

OCTOBER 1, 2006

TO: OFFICE OF THE INSURANCE COMMISSIONER
RATES AND FORMS DIVISION
PO BOX 40255
OLYMPIA, WA 98504-0255

FROM: WASHINGTON CARRIER
0000 ANY STREET
ANY TOWN, ANY STATE 00000
CARRIER CONTACT: ANGELA BARNES, CONTRACT MANAGER
(If this is not the person preparing the filing please include that person's name also).
CONTACT PHONE: (000) 000-0000

SUBJECT: Blanket Endorsement: ABCEND-06
Line of Business: Small Group Contract
Effective Date: November 1, 2006

Dear Insurance Policy/Analyst:

Enclosed is a Blanket Endorsement for a Change of Company Name, which is being filed for your review to assure compliance with state and federal guidelines.

(The above section must be completed in full or the filing will be returned.)

This letter and enclosed filing transmittal are prepared in duplicate. A self-addressed, stamped envelope is provided for your convenience in acknowledging final action on this filing.

Sincerely,
Washington Carrier

HEALTH CARE SERVICE CONTRACTOR/HEALTH MAINTENANCE ORGANIZATION TRANSMITTAL

1. Company ID WASHCOMPANY1234		2. Company Name WASHINGTON CARRIER		For OIC Use Only	
				[] File ID [] Analyst	
3. Date Submitted OCTOBER 1, 2006		4. Proposed Effective Date NOVEMBER 1, 2006			
				Approved	
5. Contact ANGELA BARNES		6. Title MANAGER, CONTRACTS		Reviewed	
				Withdrawn	
7. Phone (000) 000-0000		8. Fax # (000) 000-0000		Disapproved	
				Acknowledged	
9. E-Mail ABARNES@WACARRIER.COM		10. Purpose of Filing TO FILE ENDORSEMENT FOR SINGLE LINE OF BUSINESS		State Tracking #	

Check all forms that apply to this filing. If additional space is required to list contract numbers, attach a separate sheet. Please fill out columns A through C every time you check a box

Line of Insurance	A Contract # Effective Date	B Prior Contract # Effective Date	C Product Name
STANDARD MASTER CONTRACT			
11. <input type="checkbox"/> Large Group Contract (51+)			
<input checked="" type="checkbox"/> Small Group Contract (2-50)			
<input type="checkbox"/> Group Application			
<input type="checkbox"/> Member Application			
<input type="checkbox"/> Certificate of Coverage			
<input checked="" type="checkbox"/> Endorsement/Rider	ABCEND-06 11/1/06		COMPANY NAME CHANGE
12. <input type="checkbox"/> Individual			
<input type="checkbox"/> Application			
<input type="checkbox"/> Endorsement/Rider			
13. <input type="checkbox"/> Conversion			
<input type="checkbox"/> Endorsement/Rider			
14. <input type="checkbox"/> Network Reports			
<input type="checkbox"/> Access Plan			
<input type="checkbox"/> Form B -- Network Enrollment			
<input type="checkbox"/> GeoGraphic Network Report			
15. <input type="checkbox"/> Other			
16. <input type="checkbox"/> Small Group Limited Schedule of Benefits			
<input type="checkbox"/> Group Application			
<input type="checkbox"/> Member Application			
<input type="checkbox"/> Certificate of Coverage			
<input type="checkbox"/> Endorsement/Rider			
<input type="checkbox"/> Benefit Brochure			
PRIOR APPROVAL		Agreement #/Effective Date	Prior Agreement #/Effective Date
17. <input type="checkbox"/> Provider Agreement			
18. RATE		Contract #/Effective Date	Prior Contract #/Effective Date
			Negotiated Contract #/Effective Date
<input type="checkbox"/> Proprietary <input type="checkbox"/> For-Public			
19. NEGOTIATED CONTRACT			
<input checked="" type="checkbox"/> Fully Negotiated <input type="checkbox"/> Short-Form Filing		<input type="checkbox"/> Employer <input type="checkbox"/> Association <input type="checkbox"/> Government <input type="checkbox"/> Trust <input type="checkbox"/> Union	<input type="checkbox"/> Paperwork <input type="checkbox"/> Paperwork <input type="checkbox"/> Paperwork <input type="checkbox"/> Paperwork <input type="checkbox"/> Paperwork
Negotiated Contract Number:		Effective Date:	
Group Name:		Group Number:	
Standard Master Contract Number (short form filings only):		Effective Date:	
Forms Included in this Filing: <input type="checkbox"/> Contract <input type="checkbox"/> Certificate of Coverage <input type="checkbox"/> Group Application <input type="checkbox"/> Enrollee Application (Please list form numbers in Section 22 attached)			
20. NEGOTIATED ENDORSEMENT/RIDER (FOR FULLY NEGOTIATED CONTRACTS ONLY. PLEASE COMPLETE FIELD 19 ABOVE.)			
Negotiated Endorsement/Rider Form #:		Changes Apply to: <input type="checkbox"/> Contract <input type="checkbox"/> Certificate of Coverage	
Please note that rate filings and form filings must be submitted together for new plans			

21. Additional Group Numbers:

22. Additional Form Numbers:

[illegible]

Effective Date: 11/1/06

EXAMPLE: COVER LETTER FOR MULTIPLE LINES OF BUSINESS
BLANKET ENDORSEMENT

OCTOBER 1, 2006

TO: OFFICE OF THE INSURANCE COMMISSIONER
RATES AND FORMS DIVISION
PO BOX 40255
OLYMPIA, WA 98504-0255

FROM: WASHINGTON CARRIER
0000 ANY STREET
ANY TOWN, ANY STATE 00000
CARRIER CONTACT: ANGELA BARNES, CONTRACT MANAGER
(If this is not the person preparing the filing please include that person's name also).
CONTACT PHONE: (000) 000-0000

SUBJECT: Blanket Endorsement: ABCEND-06
Line of Business: Multiple
Effective Date: November 1, 2006

Dear Insurance Policy/Analyst:

Enclosed is a Blanket Endorsement for Change of Company Name, which is being filed for your review to assure compliance with state and federal guidelines. Affected Lines of Business are:

- Large Group
- Small Group
- Individual Group
- Conversion

(The above section must be completed in full or the filing will be returned.)

This letter and enclosed filing transmittal are prepared in duplicate. A self-addressed, stamped envelope is provided for your convenience in acknowledging final action on this filing.

Sincerely,
Washington Carrier

HEALTH CARE SERVICE CONTRACTOR/HEALTH MAINTENANCE ORGANIZATION TRANSMITTAL

1. Company ID WASHCOMPANY1234		2. Company Name WASHINGTON CARRIER		For OIC Use Only	
				[] File ID	[] Analyst
3. Date Submitted OCTOBER 1, 2006		4. Proposed Effective Date NOVEMBER 1, 2006		Approved	Date Initials
5. Contact ANGELA BARNES		6. Title MANAGER, CONTRACTS		Reviewed	
				Withdrawn	
7. Phone (000) 000-0000		8. Fax # (000) 000-0000		Disapproved	
9. E-Mail ABARNES@WACARRIER.COM		10. Purpose of Filing TO FILE ENDORSEMENT FOR MULTIPLE LINES OF BUSINESS		Acknowledged	
				State Tracking #	

Check all forms that apply to this filing. If additional space is required to list contract numbers, attach a separate sheet. Please fill out columns A through C every time you check a box

		A	B	C	
Line of Insurance		Contract # Effective Date	Prior Contract # Effective Date	Product Name	
STANDARD MASTER CONTRACT					
11.	<input checked="" type="checkbox"/> Large Group Contract (51+)				
	<input checked="" type="checkbox"/> Small Group Contract (2-50)				
	<input type="checkbox"/> Group Application				
	<input type="checkbox"/> Member Application				
	<input type="checkbox"/> Certificate of Coverage				
	<input checked="" type="checkbox"/> Endorsement/Rider	ABCEND-06, 11/1/06		COMPANY NAME CHANGE	
12.	<input checked="" type="checkbox"/> Individual				
	<input type="checkbox"/> Application				
	<input checked="" type="checkbox"/> Endorsement/Rider	ABCEND-06, 11/1/06		COMPANY NAME CHANGE	
13.	<input checked="" type="checkbox"/> Conversion				
	<input checked="" type="checkbox"/> Endorsement/Rider	ABCEND-06, 11/1/06		COMPANY NAME CHANGE	
14.	<input type="checkbox"/> Network Reports				
	<input type="checkbox"/> Access Plan				
	<input type="checkbox"/> Form B – Network Enrollment				
	<input type="checkbox"/> GeoGraphic Network Report				
15.	<input type="checkbox"/> Other				
16.	<input type="checkbox"/> Small Group Limited Schedule of Benefits				
	<input type="checkbox"/> Group Application				
	<input type="checkbox"/> Member Application				
	<input type="checkbox"/> Certificate of Coverage				
	<input type="checkbox"/> Endorsement/Rider				
	<input type="checkbox"/> Benefit Brochure				
PRIOR APPROVAL		Agreement #/Effective Date	Prior Agreement #/Effective Date		
17.	<input type="checkbox"/> Provider Agreement				
18. RATE		Contract #/Effective Date	Prior Contract #/Effective Date	Negotiated Contract #/Effective Date	
<input type="checkbox"/> Proprietary <input type="checkbox"/> For-Public					
19. NEGOTIATED CONTRACT					
<input type="checkbox"/> Fully Negotiated <input checked="" type="checkbox"/> Short-Form Filing		<input type="checkbox"/> Employer <input type="checkbox"/> Paperwork	<input type="checkbox"/> Association <input type="checkbox"/> Paperwork	<input type="checkbox"/> Government <input type="checkbox"/> Paperwork	<input type="checkbox"/> Trust <input type="checkbox"/> Paperwork
		<input type="checkbox"/> Union <input type="checkbox"/> Paperwork			
Negotiated Contract Number:		Effective Date:			
Group Name:		Group Number:			
Standard Master Contract Number (short form filings only):		Effective Date:			
Forms Included in this Filing: <input type="checkbox"/> Contract <input type="checkbox"/> Certificate of Coverage <input type="checkbox"/> Group Application <input type="checkbox"/> Enrollee Application (Please list form numbers in Section 22 attached)					
20. NEGOTIATED ENDORSEMENT/RIDER (FOR FULLY NEGOTIATED CONTRACTS ONLY. PLEASE COMPLETE FIELD 19 ABOVE.)					
Negotiated Endorsement/Rider Form #:		Changes Apply to: <input type="checkbox"/> Contract <input type="checkbox"/> Certificate of Coverage			
Please note that rate filings and form filings must be submitted together for new plans					

21. Additional Group Numbers:

22. Additional Form Numbers:

[illegible]

Effective Date: 11/1/06

EXAMPLE: COVER LETTER FOR ENDORSEMENT TO A LARGE GROUP
STANDARD MASTER CONTRACT

SEPTEMBER 1, 2006

TO: OFFICE OF THE INSURANCE COMMISSIONER
RATES AND FORMS DIVISION
PO BOX 40255
OLYMPIA, WA 98504-0255

FROM: WASHINGTON CARRIER
0000 ANY STREET
ANY TOWN, ANY STATE 00000
CARRIER CONTACT: ANGELA BARNES, CONTRACT MANAGER
(If this is not the person preparing the filing please include that person's name also).
CONTACT PHONE: (000) 000-0000

SUBJECT: Standard Master Contract Number: ABC123L-06
Contract Effective Date: August 1, 2006
Endorsement: ABCEND-06
Endorsement Effective Date: October 1, 2006

Dear Insurance Policy/Analyst:

Enclosed is an Endorsement to Large Group Standard Master Contract Number ABC123L-06, which amends the Eligibility section. This Endorsement is being filed for your review to assure compliance with state and federal guidelines.

(The above section must be completed in full or the filing will be returned.)

This letter and enclosed filing transmittal are prepared in duplicate. A self-addressed, stamped envelope is provided for your convenience in acknowledging final action on this filing.

Sincerely,
Washington Carrier

HEALTH CARE SERVICE CONTRACTOR/HEALTH MAINTENANCE ORGANIZATION TRANSMITTAL

1. Company ID WASHCOMPANY1234	2. Company Name WASHINGTON CARRIER	For OIC Use Only	
		[] File ID	[] Analyst
3. Date Submitted SEPTEMBER 1, 2006	4. Proposed Effective Date OCTOBER 1, 2006	Approved	Date
		Reviewed	Initials
5. Contact ANGELA BARNES	6. Title MANAGER, CONTRACTS	Withdrawn	
7. Phone (000) 000-0000	8. Fax # (000) 000-0000	Disapproved	
		Acknowledged	
9. E-Mail ABARNES@WACARRIER.COM	10. Purpose of Filing TO FILE ENDORSEMENT FOR LARGE GROUP STANDARD MASTER CONTRACT	State Tracking #	

Check all forms that apply to this filing. If additional space is required to list contract numbers, attach a separate sheet. Please fill out columns A through C every time you check a box

	A	B	C
Line of Insurance	Contract # Effective Date	Prior Contract # Effective Date	Product Name
STANDARD MASTER CONTRACT			
11. <input checked="" type="checkbox"/> Large Group Contract (51+)			
<input type="checkbox"/> Small Group Contract (2-50)			
<input type="checkbox"/> Group Application			
<input type="checkbox"/> Member Application			
<input type="checkbox"/> Certificate of Coverage			
<input checked="" type="checkbox"/> Endorsement/Rider	ABCEND-06 10/1/06		ELIGIBILITY CRITERIA
12. <input type="checkbox"/> Individual			
<input type="checkbox"/> Application			
<input type="checkbox"/> Endorsement/Rider			
13. <input type="checkbox"/> Conversion			
<input type="checkbox"/> Endorsement/Rider			
14. <input type="checkbox"/> Network Reports			
<input type="checkbox"/> Access Plan			
<input type="checkbox"/> Form B – Network Enrollment			
<input type="checkbox"/> GeoGraphic Network Report			
15. <input type="checkbox"/> Other			
16. <input type="checkbox"/> Small Group Limited Schedule of Benefits			
<input type="checkbox"/> Group Application			
<input type="checkbox"/> Member Application			
<input type="checkbox"/> Certificate of Coverage			
<input type="checkbox"/> Endorsement/Rider			
<input type="checkbox"/> Benefit Brochure			
PRIOR APPROVAL		Agreement #/Effective Date	Prior Agreement #/Effective Date
17. <input type="checkbox"/> Provider Agreement			
18. RATE		Contract #/Effective Date	Prior Contract #/Effective Date
<input type="checkbox"/> Proprietary			Negotiated Contract #/Effective Date
<input type="checkbox"/> For-Public			
19. NEGOTIATED CONTRACT		<input type="checkbox"/> Employer	<input type="checkbox"/> Association
<input checked="" type="checkbox"/> Fully Negotiated	<input type="checkbox"/> Short-Form Filing	<input type="checkbox"/> Paperwork	<input type="checkbox"/> Paperwork
		<input type="checkbox"/> Government	<input type="checkbox"/> Trust
		<input type="checkbox"/> Paperwork	<input type="checkbox"/> Paperwork
		<input type="checkbox"/> Union	<input type="checkbox"/> Paperwork
Negotiated Contract Number:		Effective Date:	
Group Name:		Group Number:	
Standard Master Contract Number (short form filings only):		Effective Date:	
Forms Included in this Filing: <input type="checkbox"/> Contract <input type="checkbox"/> Certificate of Coverage <input type="checkbox"/> Group Application <input type="checkbox"/> Enrollee Application (Please list form numbers in Section 22 attached)			
20. NEGOTIATED ENDORSEMENT/RIDER (FOR FULLY NEGOTIATED CONTRACTS ONLY PLEASE COMPLETE FIELD 19 ABOVE)			
Negotiated Endorsement/Rider Form #:		Changes Apply to: <input type="checkbox"/> Contract <input type="checkbox"/> Certificate of Coverage	
Please note that rate filings and form filings must be submitted together for new plans			

21. Additional Group Numbers:

22. Additional Form Numbers:

[illegible]

Effective Date: 10/1/06

X

PROVIDER AGREEMENT FILINGS

EXAMPLE: COVER LETTER FOR PROVIDER AGREEMENT

JUNE 1, 2006

TO: OFFICE OF THE INSURANCE COMMISSIONER
RATES AND FORMS DIVISION
PO BOX 40255
OLYMPIA, WA 98504-0255

FROM: WASHINGTON CARRIER
0000 ANY STREET
ANY TOWN, ANY STATE 00000
CARRIER CONTACT: ANGELA BARNES, CONTRACT MANAGER
(If this is not the person preparing the filing please include that person's name also).
CONTACT PHONE: (000) 000-0000

SUBJECT: Provider Agreement: ABCPHY-06
Proposed Effective Date: July 1, 2006

Dear Insurance Policy/Analyst:

Enclosed are copies of Washington Carrier's standard provider agreement for physician services (ABCPHY-06). This agreement replaces ABCPHY-05, previously filed with the Insurance Commissioner. A duplicate agreement is submitted with modifications identified by added text (underlined) and deleted text (strike through) as required under WAC 284-43-330.

This letter and enclosed filing transmittal are prepared in duplicate. A self-addressed, stamped envelope is provided for your convenience in acknowledging final action on this filing.

Sincerely,
Washington Carrier

HEALTH CARE SERVICE CONTRACTOR/HEALTH MAINTENANCE ORGANIZATION TRANSMITTAL

1. Company ID WASHCOMPANY1234	2. Company Name WASHINGTON CARRIER	For OIC Use Only	
3. Date Submitted JUNE 1, 2006	4. Proposed Effective Date JULY 1, 2006	[] File ID	[] Analyst
5. Contact ANGELA BARNES	6. Title MANAGER, CONTRACTS	Approved	Date
7. Phone (000) 000-0000	8. Fax # (000) 000-0000	Reviewed	Initials
9. E-Mail ABARNES@WACARRIER.COM	10. Purpose of Filing TO FILE PROVIDER AGREEMENT	Withdrawn	
		Disapproved	
		Acknowledged	
		State Tracking #	

Check all forms that apply to this filing. If additional space is required to list contract numbers, attach a separate sheet. Please fill out columns A through C every time you check a box

	A	B	C
Line of Insurance	Contract # Effective Date	Prior Contract # Effective Date	Product Name
STANDARD MASTER CONTRACT			
11. <input type="checkbox"/> Large Group Contract (51+)			
<input type="checkbox"/> Small Group Contract (2-50)			
<input type="checkbox"/> Group Application			
<input type="checkbox"/> Member Application			
<input type="checkbox"/> Certificate of Coverage			
<input type="checkbox"/> Endorsement/Rider			
12. <input type="checkbox"/> Individual			
<input type="checkbox"/> Application			
<input type="checkbox"/> Endorsement/Rider			
13. <input type="checkbox"/> Conversion			
<input type="checkbox"/> Endorsement/Rider			
14. <input type="checkbox"/> Network Reports			
<input type="checkbox"/> Access Plan			
<input type="checkbox"/> Form B – Network Enrollment			
<input type="checkbox"/> GeoGraphic Network Report			
15. <input type="checkbox"/> Other			
16. <input type="checkbox"/> Small Group Limited Schedule of Benefits			
<input type="checkbox"/> Group Application			
<input type="checkbox"/> Member Application			
<input type="checkbox"/> Certificate of Coverage			
<input type="checkbox"/> Endorsement/Rider			
<input type="checkbox"/> Benefit Brochure			
PRIOR APPROVAL		Agreement #/Effective Date	Prior Agreement #/Effective Date
17. <input checked="" type="checkbox"/> Provider Agreement	ABCPHY-06, 7/1/06	ABCPHY-05, 7/1/05	ABC PHYSICIANS
18. RATE		Contract #/Effective Date	Prior Contract #/Effective Date
<input type="checkbox"/> Proprietary			
<input type="checkbox"/> For-Public			
19. NEGOTIATED CONTRACT		<input type="checkbox"/> Employer	<input type="checkbox"/> Association
<input type="checkbox"/> Fully Negotiated <input type="checkbox"/> Short-Form Filing		<input type="checkbox"/> Paperwork	<input type="checkbox"/> Paperwork
		<input type="checkbox"/> Government	<input type="checkbox"/> Trust
		<input type="checkbox"/> Paperwork	<input type="checkbox"/> Paperwork
		<input type="checkbox"/> Union	<input type="checkbox"/> Paperwork
Negotiated Contract Number:		Effective Date:	
Group Name:		Group Number:	
Standard Master Contract Number (short form filings only):		Effective Date:	
Forms Included in this Filing: <input type="checkbox"/> Contract <input type="checkbox"/> Certificate of Coverage <input type="checkbox"/> Group Application <input type="checkbox"/> Enrollee Application (Please list form numbers in Section 22 attached)			
20. NEGOTIATED ENDORSEMENT/RIDER (FOR FULLY NEGOTIATED CONTRACTS ONLY. PLEASE COMPLETE FIELD 19 ABOVE.)			
Negotiated Endorsement/Rider Form #:		Changes Apply to: <input type="checkbox"/> Contract <input type="checkbox"/> Certificate of Coverage	
Please note that rate filings and form filings must be submitted together for new plans			

XI

NETWORK FILINGS

EXAMPLE: COVER LETTER FOR AN ACCESS PLAN

JUNE 1, 2006

TO: OFFICE OF THE INSURANCE COMMISSIONER
RATES AND FORMS DIVISION
PO BOX 40255
OLYMPIA, WA 98504-0255

FROM: WASHINGTON CARRIER
0000 ANY STREET
ANY TOWN, ANY STATE 00000
CARRIER CONTACT: ANGELA BARNES, CONTRACT MANAGER
(If this is not the person preparing the filing please include that person's name also).
CONTACT PHONE: (000) 000-0000

SUBJECT: Contract Number: ABC-AP-2006
Product Name: ABC Access Plan
Proposed Effective Date: August 1, 2006

Dear Insurance Policy/Analyst:

Pursuant to WAC 284-43-210, enclosed please find the Traditional Provider Access Plan for ABC Health Plans. The documents included in this filing are:

- INS-1120-R506 Transmittal Form
- Access Plan

(The above section must be completed in full or the filing will be returned.)

This letter and enclosed filing transmittal are prepared in duplicate. A self-addressed, stamped envelope is provided for your convenience in acknowledging final action on this filing.

Sincerely,
Washington Carrier

HEALTH CARE SERVICE CONTRACTOR/HEALTH MAINTENANCE ORGANIZATION TRANSMITTAL

1. Company ID ABCHE*12345	2. Company Name ABC Health Plans	For OIC Use Only	
3. Date Submitted June 1, 2006	4. Proposed Effective Date August 1, 2006	[] File ID	[] Analyst
5. Contact Angela Barnes	6. Title Contract Manager	Approved	Date
7. Phone (000)000-0000	8. Fax # (000)000-0000	Reviewed	Initials
9. E-Mail abarnes@abchealthplans.com	10. Purpose of Filing Filing of 2006 Traditional Provider Access Plan	Withdrawn	
		Disapproved	
		Acknowledged	
		State Tracking #	

Check all forms that apply to this filing. If additional space is required to list contract numbers, attach a separate sheet. Please fill out columns A through C every time you check a box

	A	B	C
Line of Insurance	Contract # Effective Date	Prior Contract # Effective Date	Product Name
STANDARD MASTER CONTRACT			
11. <input type="checkbox"/> Large Group Contract (51+)			
<input type="checkbox"/> Small Group Contract (2-50)			
<input type="checkbox"/> Group Application			
<input type="checkbox"/> Member Application			
<input type="checkbox"/> Certificate of Coverage			
<input type="checkbox"/> Endorsement/Rider			
12. <input type="checkbox"/> Individual			
<input type="checkbox"/> Application			
<input type="checkbox"/> Endorsement/Rider			
13. <input type="checkbox"/> Conversion			
<input type="checkbox"/> Endorsement/Rider			
14. <input checked="" type="checkbox"/> Network Reports			
<input checked="" type="checkbox"/> Access Plan	ABC-AP-2006 August 1, 2006	ABC-AP-2005 January 1, 2005	Traditional Provider ABC Access Plan
<input type="checkbox"/> Form B – Network Enrollment			
<input type="checkbox"/> GeoGraphic Network Report			
15. <input type="checkbox"/> Other			
16. <input type="checkbox"/> Small Group Limited Schedule of Benefits			
<input type="checkbox"/> Group Application			
<input type="checkbox"/> Member Application			
<input type="checkbox"/> Certificate of Coverage			
<input type="checkbox"/> Endorsement/Rider			
<input type="checkbox"/> Benefit Brochure			
PRIOR APPROVAL	Agreement #/Effective Date	Prior Agreement #/Effective Date	
17. <input type="checkbox"/> Provider Agreement			
18. RATE	Contract #/Effective Date	Prior Contract #/Effective Date	Negotiated Contract #/Effective Date
<input type="checkbox"/> Proprietary			
<input type="checkbox"/> For-Public			
19. NEGOTIATED CONTRACT		<input type="checkbox"/> Employer	<input type="checkbox"/> Association
<input checked="" type="checkbox"/> Fully Negotiated <input checked="" type="checkbox"/> Short-Form Filing		<input type="checkbox"/> Paperwork	<input type="checkbox"/> Paperwork
		<input type="checkbox"/> Government	<input type="checkbox"/> Trust
		<input type="checkbox"/> Paperwork	<input type="checkbox"/> Paperwork
		<input type="checkbox"/> Union	<input type="checkbox"/> Paperwork
Negotiated Contract Number:		Effective Date:	
Group Name:		Group Number:	
Standard Master Contract Number (short form filings only):		Effective Date:	
Forms Included in this Filing: <input type="checkbox"/> Contract <input type="checkbox"/> Certificate of Coverage <input type="checkbox"/> Group Application <input type="checkbox"/> Enrollee Application (Please list form numbers in Section 22 attached)			
20. NEGOTIATED ENDORSEMENT/RIDER (FOR FULLY NEGOTIATED CONTRACTS ONLY. PLEASE COMPLETE FIELD 19 ABOVE.)			
Negotiated Endorsement/Rider Form #:		Changes Apply to: <input type="checkbox"/> Contract <input type="checkbox"/> Certificate of Coverage	
Please note that rate filings and form filings must be submitted together for new plans			

EXAMPLE: COVER LETTER FOR A FORM B REPORT

MARCH 1, 2006

DELIVERED VIA E-MAIL

TO: OFFICE OF THE INSURANCE COMMISSIONER
RATES AND FORMS DIVISION
PO BOX 40255
OLYMPIA, WA 98504-0255

FROM: WASHINGTON CARRIER
0000 ANY STREET
ANY TOWN, ANY STATE 00000
CARRIER CONTACT: ANGELA BARNES, CONTRACT MANAGER
(If this is not the person preparing the filing please include that person's name also).
CONTACT PHONE: (000) 000-0000

SUBJECT: 2006 Form B Report

Dear Insurance Policy/Analyst:

Pursuant to WAC 284-43-220, enclosed please find the annual Form B Report for ABC Health Plans. The documents included in this filing are:

- INS-1120-R506 Transmittal Form
- 2006 Form B Report

(The above section must be completed in full or the filing will be returned.)

This letter and enclosed filing transmittal are prepared in duplicate. A self-addressed, stamped envelope is provided for your convenience in acknowledging final action on this filing.

Sincerely,
Washington Carrier

HEALTH CARE SERVICE CONTRACTOR/HEALTH MAINTENANCE ORGANIZATION TRANSMITTAL

1. Company ID ABCHE*12345	2. Company Name ABC Health Plans	For OIC Use Only	
3. Date Submitted March 1, 2006	4. Proposed Effective Date March 31, 2006	[] File ID	[] Analyst
5. Contact Angela Barnes	6. Title Contract Manager	Approved	Date
7. Phone (000)000-0000	8. Fax # (000)000-0000	Reviewed	Initials
9. E-Mail abarnes@abchealthplans.com	10. Purpose of Filing Filing of 2006 Form B Report	Withdrawn	
		Disapproved	
		Acknowledged	
		State Tracking #	

Check all forms that apply to this filing. If additional space is required to list contract numbers, attach a separate sheet. Please fill out columns A through C every time you check a box

	A	B	C
Line of Insurance	Contract # Effective Date	Prior Contract # Effective Date	Product Name
STANDARD MASTER CONTRACT			
11. <input type="checkbox"/> Large Group Contract (51+)			
<input type="checkbox"/> Small Group Contract (2-50)			
<input type="checkbox"/> Group Application			
<input type="checkbox"/> Member Application			
<input type="checkbox"/> Certificate of Coverage			
<input type="checkbox"/> Endorsement/Rider			
12. <input type="checkbox"/> Individual			
<input type="checkbox"/> Application			
<input type="checkbox"/> Endorsement/Rider			
13. <input type="checkbox"/> Conversion			
<input type="checkbox"/> Endorsement/Rider			
14. <input checked="" type="checkbox"/> Network Reports			
<input type="checkbox"/> Access Plan			
<input checked="" type="checkbox"/> Form B – Network Enrollment	Form B March 31, 2006	Form B March 31, 2005	ABC Form B Report
<input type="checkbox"/> GeoGraphic Network Report			
15. <input type="checkbox"/> Other			
16. <input type="checkbox"/> Small Group Limited Schedule of Benefits			
<input type="checkbox"/> Group Application			
<input type="checkbox"/> Member Application			
<input type="checkbox"/> Certificate of Coverage			
<input type="checkbox"/> Endorsement/Rider			
<input type="checkbox"/> Benefit Brochure			
PRIOR APPROVAL		Agreement #/Effective Date	Prior Agreement #/Effective Date
17. <input type="checkbox"/> Provider Agreement			
18. RATE		Contract #/Effective Date	Prior Contract #/Effective Date
<input type="checkbox"/> Proprietary			Negotiated Contract #/Effective Date
<input type="checkbox"/> For-Public			
19. NEGOTIATED CONTRACT		<input type="checkbox"/> Employer	<input type="checkbox"/> Association
<input checked="" type="checkbox"/> Fully Negotiated	<input type="checkbox"/> Short-Form Filing	<input type="checkbox"/> Paperwork	<input type="checkbox"/> Paperwork
		<input type="checkbox"/> Government	<input type="checkbox"/> Trust
		<input type="checkbox"/> Paperwork	<input type="checkbox"/> Paperwork
		<input type="checkbox"/> Union	<input type="checkbox"/> Paperwork
Negotiated Contract Number:		Effective Date:	
Group Name:		Group Number:	
Standard Master Contract Number (short form filings only):		Effective Date:	
Forms Included in this Filing: <input type="checkbox"/> Contract <input type="checkbox"/> Certificate of Coverage <input type="checkbox"/> Group Application <input type="checkbox"/> Enrollee Application (Please list form numbers in Section 22 attached)			
20. NEGOTIATED ENDORSEMENT/RIDER (FOR FULLY NEGOTIATED CONTRACTS ONLY. PLEASE COMPLETE FIELD 19 ABOVE.)			
Negotiated Endorsement/Rider Form #:		Changes Apply to: <input type="checkbox"/> Contract <input type="checkbox"/> Certificate of Coverage	
Please note that rate filings and form filings must be submitted together for new plans			

EXAMPLE: COVER LETTER FOR A GEOGRAPHIC NETWORK REPORT

MARCH 1, 2006

[DELIVERED VIA E-MAIL]

TO: OFFICE OF THE INSURANCE COMMISSIONER
RATES AND FORMS DIVISION
PO BOX 40255
OLYMPIA, WA 98504-0255

FROM: WASHINGTON CARRIER
0000 ANY STREET
ANY TOWN, ANY STATE 00000
CARRIER CONTACT: ANGELA BARNES, CONTRACT MANAGER
(If this is not the person preparing the filing please include that person's name also).
CONTACT PHONE: (000) 000-0000

SUBJECT: Contract Number: ABC-GEONW-2006
Product Name: ABC GeoNetwork Report
Proposed Effective Date: March 31, 2006

Dear Insurance Policy/Analyst:

Pursuant to WAC 284-43-220, enclosed please find the annual Geographical Network Report for ABC Health Plans. The documents included in this filing are:

- INS-1120-R506 Transmittal Form
- Geographical Network Report

(The above section must be completed in full or the filing will be returned.)

This letter and enclosed filing transmittal are prepared in duplicate. A self-addressed, stamped envelope is provided for your convenience in acknowledging final action on this filing.

Sincerely,
Washington Carrier

HEALTH CARE SERVICE CONTRACTOR/HEALTH MAINTENANCE ORGANIZATION TRANSMITTAL

1. Company ID ABCHE*12345	2. Company Name ABC Health Plans	For OIC Use Only	
3. Date Submitted March 1, 2006	4. Proposed Effective Date March 31, 2006	[] File ID	[] Analyst
5. Contact Angela Barnes	6. Title Contract Manager	Approved	Date
7. Phone (000)000-0000	8. Fax # (000)000-0000	Reviewed	Initials
9. E-Mail abarnes@abchealthplans.com	10. Purpose of Filing Filing of 2006 Geographical Network Report	Withdrawn	
		Disapproved	
		Acknowledged	
		State Tracking #	

Check all forms that apply to this filing. If additional space is required to list contract numbers, attach a separate sheet. Please fill out columns A through C every time you check a box

	A	B	C
Line of Insurance	Contract # Effective Date	Prior Contract # Effective Date	Product Name
STANDARD MASTER CONTRACT			
11. <input type="checkbox"/> Large Group Contract (51+)			
<input type="checkbox"/> Small Group Contract (2-50)			
<input type="checkbox"/> Group Application			
<input type="checkbox"/> Member Application			
<input type="checkbox"/> Certificate of Coverage			
<input type="checkbox"/> Endorsement/Rider			
12. <input type="checkbox"/> Individual			
<input type="checkbox"/> Application			
<input type="checkbox"/> Endorsement/Rider			
13. <input type="checkbox"/> Conversion			
<input type="checkbox"/> Endorsement/Rider			
14. <input checked="" type="checkbox"/> Network Reports			
<input type="checkbox"/> Access Plan			
<input type="checkbox"/> Form B – Network Enrollment			
<input checked="" type="checkbox"/> GeoGraphic Network Report	ABC-GEONW-2006 March 31, 2006	ABC-GEONW-2005 March 31, 2005	ABC GeoNetwork Report
15. <input type="checkbox"/> Other			
16. <input type="checkbox"/> Small Group Limited Schedule of Benefits			
<input type="checkbox"/> Group Application			
<input type="checkbox"/> Member Application			
<input type="checkbox"/> Certificate of Coverage			
<input type="checkbox"/> Endorsement/Rider			
<input type="checkbox"/> Benefit Brochure			
PRIOR APPROVAL		Agreement #/Effective Date	Prior Agreement #/Effective Date
17. <input type="checkbox"/> Provider Agreement			
18. RATE		Contract #/Effective Date	Prior Contract #/Effective Date
<input type="checkbox"/> Proprietary			Negotiated Contract #/Effective Date
<input type="checkbox"/> For-Public			
19. NEGOTIATED CONTRACT		<input type="checkbox"/> Employer	<input type="checkbox"/> Association
<input checked="" type="checkbox"/> Fully Negotiated	<input type="checkbox"/> Short-Form Filing	<input type="checkbox"/> Paperwork	<input type="checkbox"/> Paperwork
		<input type="checkbox"/> Government	<input type="checkbox"/> Trust
		<input type="checkbox"/> Paperwork	<input type="checkbox"/> Paperwork
		<input type="checkbox"/> Union	<input type="checkbox"/> Paperwork
Negotiated Contract Number:		Effective Date:	
Group Name:		Group Number:	
Standard Master Contract Number (short form filings only):		Effective Date:	
Forms Included in this Filing: <input type="checkbox"/> Contract <input type="checkbox"/> Certificate of Coverage <input type="checkbox"/> Group Application <input type="checkbox"/> Enrollee Application (Please list form numbers in Section 22 attached)			
20. NEGOTIATED ENDORSEMENT/RIDER (FOR FULLY NEGOTIATED CONTRACTS ONLY. PLEASE COMPLETE FIELD 19 ABOVE.)			
Negotiated Endorsement/Rider Form #:		Changes Apply to: <input type="checkbox"/> Contract <input type="checkbox"/> Certificate of Coverage	
Please note that rate filings and form filings must be submitted together for new plans			

XII

CLOSED FILINGS (Conversion, Individual & Small Group Contracts)

2004 Carrier Product Portfolio

Plan Year 2003

Available Plans:

Plan A

Plan B

Plan C

Plan Year 2004

Plan A – Closed to new sales 2/1/04

Plan B – Open to new and renewing sales

Plan C – Open to new and renewing sales

Question: Is there a filing requirement for Plan A?

Answer: Yes. Carrier must refile within each 18-month period standard master contract. Additionally, OIC requests carrier provide notice of plan closure. Please see example.

EXAMPLE: COVER LETTER – CLOSED PLAN

NOVEMBER 1, 2003

TO: OFFICE OF THE INSURANCE COMMISSIONER
RATES AND FORMS DIVISION
PO BOX 40255
OLYMPIA, WA 98504-0255

FROM: WASHINGTON CARRIER
0000 ANY STREET
ANY TOWN, ANY STATE 00000
CARRIER CONTACT: ANGELA BARNES, CONTRACT MANAGER
(If this is not the person preparing the filing please include that person's name also).
CONTACT PHONE: (000) 000-0000

SUBJECT: Contract Number: A-04
Product Name: Plan A
Proposed Effective Date: February 1, 2004

Dear Insurance Policy/Analyst:

The purpose of this letter is to inform you that Washington Carrier has closed Plan A to new sales effective February 1, 2004. Groups will be allowed to renew their coverage per RCW 48.43.035. We understand this filing is closed to new sales, but is still regulated per WAC 284-43-920. As such, Washington Carrier will comply with filing timeframes set forth in the code or as required by legislative action.

This letter and enclosed filing transmittal are prepared in duplicate. A self-addressed, stamped envelope is provided for your convenience in acknowledging final action on this filing.

Sincerely,
Washington Carrier

HEALTH CARE SERVICE CONTRACTOR/HEALTH MAINTENANCE ORGANIZATION TRANSMITTAL

1. Company ID WASHCOMPANY1234	2. Company Name WASHINGTON CARRIER	For OIC Use Only	
3. Date Submitted NOVEMBER 1, 2003	4. Proposed Effective Date FEBRUARY 1, 2004	[] File ID	[] Analyst
5. Contact ANGELA BARNES	6. Title MANAGER, CONTRACTS	Approved	Date
7. Phone (000) 000-0000	8. Fax # (000) 000-0000	Reviewed	Initials
9. E-Mail ABARNES@WACARRIER.COM	10. Purpose of Filing TO FILE CLOSURE CORRESPONDENCE	Withdrawn	
		Disapproved	
		Acknowledged	
		State Tracking #	

Check all forms that apply to this filing. If additional space is required to list contract numbers, attach a separate sheet. Please fill out columns A through C every time you check a box

	A	B	C
Line of Insurance	Contract # Effective Date	Prior Contract # Effective Date	Product Name
STANDARD MASTER CONTRACT			
11. <input type="checkbox"/> Large Group Contract (51+)			
<input type="checkbox"/> Small Group Contract (2-50)			
<input type="checkbox"/> Group Application			
<input type="checkbox"/> Member Application			
<input type="checkbox"/> Certificate of Coverage			
<input type="checkbox"/> Endorsement/Rider			
12. <input type="checkbox"/> Individual			
<input type="checkbox"/> Application			
<input type="checkbox"/> Endorsement/Rider			
13. <input type="checkbox"/> Conversion			
<input type="checkbox"/> Endorsement/Rider			
14. <input type="checkbox"/> Network Reports			
<input type="checkbox"/> Access Plan			
<input type="checkbox"/> Form B – Network Enrollment			
<input type="checkbox"/> GeoGraphic Network Report			
15. <input checked="" type="checkbox"/> Other	A-04, 2-1-04		Plan A - CLOSURE NOTICE
16. <input type="checkbox"/> Small Group Limited Schedule of Benefits			
<input type="checkbox"/> Group Application			
<input type="checkbox"/> Member Application			
<input type="checkbox"/> Certificate of Coverage			
<input type="checkbox"/> Endorsement/Rider			
<input type="checkbox"/> Benefit Brochure			
PRIOR APPROVAL	Agreement #/Effective Date	Prior Agreement #/Effective Date	
17. <input type="checkbox"/> Provider Agreement			
18. RATE	Contract #/Effective Date	Prior Contract #/Effective Date	Negotiated Contract #/Effective Date
<input type="checkbox"/> Proprietary			
<input type="checkbox"/> For-Public			
19. NEGOTIATED CONTRACT		<input type="checkbox"/> Employer	<input type="checkbox"/> Association
<input checked="" type="checkbox"/> Fully Negotiated <input type="checkbox"/> Short-Form Filing		<input type="checkbox"/> Paperwork	<input type="checkbox"/> Paperwork
		<input type="checkbox"/> Government	<input type="checkbox"/> Trust
		<input type="checkbox"/> Paperwork	<input type="checkbox"/> Paperwork
		<input type="checkbox"/> Union	<input type="checkbox"/> Paperwork
Negotiated Contract Number:		Effective Date:	
Group Name:		Group Number:	
Standard Master Contract Number (short form filings only):		Effective Date:	
Forms Included in this Filing: <input type="checkbox"/> Contract <input type="checkbox"/> Certificate of Coverage <input type="checkbox"/> Group Application <input type="checkbox"/> Enrollee Application (Please list form numbers in Section 22 attached)			
20. NEGOTIATED ENDORSEMENT/RIDER (FOR FULLY NEGOTIATED CONTRACTS ONLY. PLEASE COMPLETE FIELD 19 ABOVE.)			
Negotiated Endorsement/Rider Form #:		Changes Apply to: <input type="checkbox"/> Contract <input type="checkbox"/> Certificate of Coverage	
Please note that rate filings and form filings must be submitted together for new plans			

XIII

DISCONTINUED & REPLACEMENT (Small Group and Individual Contracts Only)

2005 Carrier Product Portfolio

Plan Year 2004

Plan A – Closed to new sales 2/1/04

Plan B – Open to sales

Plan C – Open to sales

Plan Year 2005

Plan A – Closed to new sales 2/1/04

Plan B - Discontinue product 1/1/05

Plan C – Open to new and renewing sales

Plan D – New product available 1/1/05

Question: Is there a filing requirement for Plan B?

Answer: Yes. Carrier must provide plan sponsor and/or enrollees with 90-day notice required per RCW 48.43.035. Please see example.

EXAMPLE: COVER LETTER – DISCONTINUED & REPLACEMENT

SEPTEMBER 1, 2004

TO: OFFICE OF THE INSURANCE COMMISSIONER
RATES AND FORMS DIVISION
PO BOX 40255
OLYMPIA, WA 98504-0255

FROM: WASHINGTON CARRIER
0000 ANY STREET
ANY TOWN, ANY STATE 00000
CARRIER CONTACT: ANGELA BARNES, CONTRACT MANAGER
(If this is not the person preparing the filing please include that person's name also).
CONTACT PHONE: (000) 000-0000

SUBJECT: Contract Number: B-05
Product Name: Plan B
Proposed Effective Date: January 1, 2005

Dear Insurance Policy/Analyst:

The purpose of this letter is to inform you that Washington Carrier is discontinuing and replacing Plan B effective January 1, 2005. Per RCW 48.43.035 groups will be notified 90-days prior to their renewal date of this change. Enclosed are copies of the notices that Washington Carrier will be sending to its customers. These notices are provided for informational purposes.

Please be advised that Washington Carrier has developed new plans in addition to its current market portfolio. Groups will be offered the following upon renewal:

- Plan C
- Plan D

These products will be filed under separate cover for review purposes.

This letter and enclosed filing transmittal are prepared in duplicate. A self-addressed, stamped envelope is provided for your convenience in acknowledging final action on this filing.

Sincerely,
Washington Carrier

EXAMPLE: DISCONTINUED & REPLACEMENT
(PLAN SPONSOR NOTICE)

[Plan-Sponsor Letter]

Date

RE: 90-Day Replacement Notice.

Dear :

At Washington Carrier, we strive to offer health care benefits that suit the needs of our employer groups and their employees. This process involves regular review of our current product offering and occasionally requires us to make changes. In an effort to keep up with this trend and focus on improving other business functions, we have decided to replace your existing plan with a new benefit plan on your group's renewal date.

The purpose of this letter is to notify you of these upcoming changes and a summary of your new options. Washington regulation requires us to notify you of this plan replacement 90-day in advance of the benefit changes. Your current benefit plan will remain in place until your annual renewal date.

If you have questions please call 1-XXX-XXX-XXXX with questions or concerns you might have. You can also contact your insurance broker for assistance.

Sincerely,

Washington Carrier

EXAMPLE: DISCONTINUED & REPLACEMENT
(MEMBER 90-DAY NOTICE)

Date

RE: 90-day Replacement Notice.

Dear :

At Washington Carrier, we strive to offer health care benefits that suit the needs of our employer groups and their employees. This process involves regular review of our current product offering and occasionally requires us to make changes. In an effort to keep up with this trend and focus on improving other business functions, we have decided to replace your existing plan with a new benefit plan on your group's renewal date.

The purpose of this letter is to notify you of these upcoming changes. Washington regulation requires us to notify you of this plan replacement 90-day in advance of the benefit changes. Your current benefit plan will remain in place until your company's annual renewal date.

If you have questions please call 1-XXX-XXX-XXXX with questions or concerns you might have. You can also contact your Human Resources Department with any questions or concerns you might have.

Sincerely,

Washington Carrier

HEALTH CARE SERVICE CONTRACTOR/HEALTH MAINTENANCE ORGANIZATION TRANSMITTAL

1. Company ID WASHCOMPANY1234	2. Company Name WASHINGTON CARRIER	For OIC Use Only	
3. Date Submitted SEPTEMBER 1, 2004	4. Proposed Effective Date JANUARY 1, 2005	[] File ID	[] Analyst
5. Contact ANGELA BARNES	6. Title MANAGER, CONTRACTS	Approved	Date
7. Phone (000) 000-0000	8. Fax # (000) 000-0000	Reviewed	Initials
9. E-Mail ABARNES@WACARRIER.COM	10. Purpose of Filing TO FILE DISCONTINUE/REPLACEMENT INFORMATION	Withdrawn	
		Disapproved	
		Acknowledged	
		State Tracking #	

Check all forms that apply to this filing. If additional space is required to list contract numbers, attach a separate sheet. Please fill out columns A through C every time you check a box

	A	B	C
Line of Insurance	Contract # Effective Date	Prior Contract # Effective Date	Product Name
STANDARD MASTER CONTRACT			
11. <input type="checkbox"/> Large Group Contract (51+)			
<input type="checkbox"/> Small Group Contract (2-50)			
<input type="checkbox"/> Group Application			
<input type="checkbox"/> Member Application			
<input type="checkbox"/> Certificate of Coverage			
<input type="checkbox"/> Endorsement/Rider			
12. <input type="checkbox"/> Individual			
<input type="checkbox"/> Application			
<input type="checkbox"/> Endorsement/Rider			
13. <input type="checkbox"/> Conversion			
<input type="checkbox"/> Endorsement/Rider			
14. <input type="checkbox"/> Network Reports			
<input type="checkbox"/> Access Plan			
<input type="checkbox"/> Form B – Network Enrollment			
<input type="checkbox"/> GeoGraphic Network Report			
15. <input checked="" type="checkbox"/> Other	B-05		Plan B – Replacement Notice
16. <input type="checkbox"/> Small Group Limited Schedule of Benefits			
<input type="checkbox"/> Group Application			
<input type="checkbox"/> Member Application			
<input type="checkbox"/> Certificate of Coverage			
<input type="checkbox"/> Endorsement/Rider			
<input type="checkbox"/> Benefit Brochure			
PRIOR APPROVAL			
	Agreement #/Effective Date	Prior Agreement #/Effective Date	
17. <input type="checkbox"/> Provider Agreement			
18. RATE			
	Contract #/Effective Date	Prior Contract #/Effective Date	Negotiated Contract #/Effective Date
<input type="checkbox"/> Proprietary			
<input type="checkbox"/> For-Public			
19. NEGOTIATED CONTRACT			
<input type="checkbox"/> Fully Negotiated	<input type="checkbox"/> Short-Form Filing	<input type="checkbox"/> Employer Paperwork	<input type="checkbox"/> Association Paperwork
		<input type="checkbox"/> Government Paperwork	<input type="checkbox"/> Trust Paperwork
		<input type="checkbox"/> Union Paperwork	<input type="checkbox"/> Paperwork
Negotiated Contract Number:		Effective Date:	
Group Name:		Group Number:	
Standard Master Contract Number (short form filings only):		Effective Date:	
Forms Included in this Filing: <input type="checkbox"/> Contract <input type="checkbox"/> Certificate of Coverage <input type="checkbox"/> Group Application <input type="checkbox"/> Enrollee Application (Please list form numbers in Section 22 attached)			
20. NEGOTIATED ENDORSEMENT/RIDER (FOR FULLY NEGOTIATED CONTRACTS ONLY. PLEASE COMPLETE FIELD 19 ABOVE.)			
Negotiated Endorsement/Rider Form #:		Changes Apply to: <input type="checkbox"/> Contract <input type="checkbox"/> Certificate of Coverage	
Please note that rate filings and form filings must be submitted together for new plans			

XIV

MARKET WITHDRAWAL

2006 Carrier Product Portfolio

Plan Year 2004

Plan A – Closed to new sales 2/1/04

Plan B – Open to sales

Plan C – Open to sales

Plan Year 2005

Plan A – Closed to new sales 2/1/04

Plan B - Discontinue product 1/1/05

Plan C – Open to new and renewing sales

Plan D – New product available 1/1/05

Plan Year 2006

Carrier decides to cease sales and exit Washington Market effective 12/31/07.

Question: Is there a carrier filing requirement?

Answer: Yes. Carrier must provide plan sponsor and/or enrollees with 180-day notice required per RCW 48.43.035. Please see example.

EXAMPLE: MARKET WITHDRAWAL
(OIC 180-DAY NOTICE)

JUNE 1, 2006

TO: OFFICE OF THE INSURANCE COMMISSIONER
RATES AND FORMS DIVISION
PO BOX 40255
OLYMPIA, WA 98504-0255

FROM: WASHINGTON CARRIER
0000 ANY STREET
ANY TOWN, ANY STATE 00000
CARRIER CONTACT: ANGELA BARNES, CONTRACT MANAGER
(If this is not the person preparing the filing please include that person's name also).
CONTACT PHONE: (000) 000-0000

SUBJECT: Discontinuance and Market Withdrawal of all product lines

Dear Insurance Policy/Analyst:

The purpose of this letter is to inform you that Washington Carrier intends to discontinue operations in Washington.

Enclosed for your review are the member and group 180-day notice letters, as well as a chart identifying membership per month. It is our intent to begin sending the 180-day notice in advance of group renewal. The first discontinuations will take effect January 1, 2007. Washington carrier requests this action pursuant to RCW 48.43.035(4).

This letter and enclosed filing transmittal are prepared in duplicate. A self-addressed, stamped envelope is provided for your convenience in acknowledging final action on this filing.

Sincerely,
Washington Carrier

EXAMPLE: MARKET WITHDRAWAL
(PLAN SPONSOR 180-DAY NOTICE)

[Plan-Sponsor Letter]

Date

RE: Notice of Market Withdrawal & Discontinuance of your policy.

Dear :

At Washington Carrier, we strive to offer health care benefits that suit the needs of our employer groups and their employees. This process involves regular review of our current product offering and occasionally requires us to make changes. In an effort to keep up with this trend and focus on improving other business functions, we have decided to discontinue our products in Washington.

As a result of this discontinuation, your Washington Carrier policy will terminate on: mm-dd-yyyy. We will be sending each affected household a similar notification shortly. Please be assured, you and your employees will continue to be served while you have a health care plan with us.

If you have questions please call 1-XXX-XXX-XXXX with questions or concerns you might have. You can also contact your insurance broker for assistance.

Sincerely,

Washington Carrier

EXAMPLE: MARKET WITHDRAWAL
(MEMBER 180-DAY NOTICE)

[MEMBER Letter]

Date

RE: Notice of Market Withdrawal & Discontinuance of your policy.

Dear :

At Washington Carrier, we strive to offer health care benefits that suit the needs of our employer groups and their employees. This process involves regular review of our current product offering and occasionally requires us to make changes. In an effort to keep up with this trend and focus on improving other business functions, we have decided to discontinue our products in Washington.

As a result of this discontinuation, your Washington Carrier policy will terminate on: mm-dd-yyyy. You should continue to follow the current procedures for accessing medical treatment defined in your member handbook until your coverage ends or is replaced by your employer. Rest assured, you will continue to be served by Washington Carrier while you have a policy with us.

If you have questions please call 1-XXX-XXX-XXXX with questions or concerns you might have. You can also contact your Human Resources Department with any questions or concerns you might have.

Sincerely,

Washington Carrier

EXAMPLE: GROUP TERMINATION CHART - MARKET WITHDRAWAL

Month	Number of Groups	Group Names	Number of Insured Lives
January	1	ABC Company	500
February	3	Tippie Canoe, Forrest X, Transport R-Us	375
March	0		
April	0		
May	0		
June	0		
July	0		
August	0		
September	0		
October	0		
November	2	Puget Sound Company, Hollywood Ways	700
December	1	New Choice	4000

HEALTH CARE SERVICE CONTRACTOR/HEALTH MAINTENANCE ORGANIZATION TRANSMITTAL

1. Company ID WASHCOMPANY1234	2. Company Name WASHINGTON CARRIER	For OIC Use Only	
3. Date Submitted JUNE 1, 2006	4. Proposed Effective Date DECEMBER 31, 2007	[] File ID	[] Analyst
5. Contact ANGELA BARNES	6. Title MANAGER, CONTRACTS	Approved	Date
7. Phone (000) 000-0000	8. Fax # (000) 000-0000	Reviewed	Initials
9. E-Mail ABARNES@WACARRIER.COM	10. Purpose of Filing MARKET WITHDRAWAL	Withdrawn	
		Disapproved	
		Acknowledged	
		State Tracking #	

Check all forms that apply to this filing. If additional space is required to list contract numbers, attach a separate sheet. Please fill out columns A through C every time you check a box

	A	B	C
Line of Insurance	Contract # Effective Date	Prior Contract # Effective Date	Product Name
STANDARD MASTER CONTRACT			
11. <input type="checkbox"/> Large Group Contract (51+)			
<input type="checkbox"/> Small Group Contract (2-50)			
<input type="checkbox"/> Group Application			
<input type="checkbox"/> Member Application			
<input type="checkbox"/> Certificate of Coverage			
<input type="checkbox"/> Endorsement/Rider			
12. <input type="checkbox"/> Individual			
<input type="checkbox"/> Application			
<input type="checkbox"/> Endorsement/Rider			
13. <input type="checkbox"/> Conversion			
<input type="checkbox"/> Endorsement/Rider			
14. <input type="checkbox"/> Network Reports			
<input type="checkbox"/> Access Plan			
<input type="checkbox"/> Form B – Network Enrollment			
<input type="checkbox"/> GeoGraphic Network Report			
15. <input checked="" type="checkbox"/> Other	180-DAY NOTICE		MARKET WITHDRAW
16. <input type="checkbox"/> Small Group Limited Schedule of Benefits			
<input type="checkbox"/> Group Application			
<input type="checkbox"/> Member Application			
<input type="checkbox"/> Certificate of Coverage			
<input type="checkbox"/> Endorsement/Rider			
<input type="checkbox"/> Benefit Brochure			
PRIOR APPROVAL		Agreement #/Effective Date	Prior Agreement #/Effective Date
17. <input type="checkbox"/> Provider Agreement			
18. RATE		Contract #/Effective Date	Prior Contract #/Effective Date
<input type="checkbox"/> Proprietary			Negotiated Contract #/Effective Date
<input type="checkbox"/> For-Public			
19. NEGOTIATED CONTRACT		<input type="checkbox"/> Employer	<input type="checkbox"/> Association
<input checked="" type="checkbox"/> Fully Negotiated	<input type="checkbox"/> Short-Form Filing	<input type="checkbox"/> Paperwork	<input type="checkbox"/> Paperwork
		<input type="checkbox"/> Government	<input type="checkbox"/> Trust
		<input type="checkbox"/> Paperwork	<input type="checkbox"/> Paperwork
		<input type="checkbox"/> Union	<input type="checkbox"/> Paperwork
Negotiated Contract Number:		Effective Date:	
Group Name:		Group Number:	
Standard Master Contract Number (short form filings only):		Effective Date:	
Forms Included in this Filing: <input type="checkbox"/> Contract <input type="checkbox"/> Certificate of Coverage <input type="checkbox"/> Group Application <input type="checkbox"/> Enrollee Application (Please list form numbers in Section 22 attached)			
20. NEGOTIATED ENDORSEMENT/RIDER (FOR FULLY NEGOTIATED CONTRACTS ONLY. PLEASE COMPLETE FIELD 19 ABOVE.)			
Negotiated Endorsement/Rider Form #:		Changes Apply to: <input type="checkbox"/> Contract <input type="checkbox"/> Certificate of Coverage	
Please note that rate filings and form filings must be submitted together for new plans			

21. Additional Group Numbers:

22. Additional Form Numbers:

[illegible]

This Schedule is Part of Contract #:

Effective Date: __

XV

OIC TRACKING CODES

DEPARTMENT TRACKING CODES

Filing Type

CODE	STANDS FOR:	DEFINITION:
C	Contract	Application, rates {Proprietary and For Public}, certificate of coverage and endorsements {which have been or could be purchased with the Contract}. Disclosure Forms for Long-term Care
E	Endorsement	Attachment/Rider to the contract to add or subtract coverage for a contract which has been Negotiated and/or filed with this office.
G	General Correspondence	Analyst correspondence regarding situations other than contract forms or items filed in compliance with a legal obligation to file.
L	Annual Loss Ratio	Support Documentation of Actual Loss Ratio for Individual Health Benefit Plan for prior calendar year.
O	Other	Miscellaneous documents {including Advertising, Name Changes, etc.). Annual Adjustment Notice for Medicare Supplement (MS)
P	Proprietary	Rating formulas, statistics, and assumptions that are not for public access.
R	Rate	For Public Rate Schedule

Action Code

CODE	STANDS FOR:	WHEN USED:
AK	Acknowledged	Provider List, Access Plans, Form B's, GeoAccess Reports, Film Sheet,
AN	Analyst	Filing is assigned to an Analyst, but has not yet been reviewed.
AP	Approved	Prior Approval – Comparison Brochure {BHP} Super Small Group Provider Agreements Individual Annual Loss Ratio
D	Disapproved	Filing disapproved for failing to meet compliance requirements.
DE	Deemed	OIC did not review prior approval document within specified timeframe.
FI	Filed	Individual Plan Rate (Increase) Filing
FN	Filed Not Reviewed	Use & File – filed not reviewed with Manager Approval only
FR	Full Review	File & Use: Large Group Contracts Small Group Contracts Conversion Contracts Individual Contracts Negotiated Contracts
WI	Withdrawn	Product withdrawn from review at company's request. Used only if request made while filing is under active review.
RF	Referred	Referred to Legal Department or Management {including Peer Review}.

Line of Business

CODE	STANDS FOR:	WHEN USED:
CV	Conversion Contract	Contract providing benefits for continuation of coverage.
IN	Individual Contract	Contract for "off the shelf" products. For all products that contain a standard set of benefits <i>sold as a single policy to one individual insured</i> that is not subject to Negotiation
IO	Item Other	Miscellaneous documents.
LR	Large Group	Contract for "off the shelf" products. For all products that contain a standard set of benefits sold to a group (51+) that is not subject to Negotiation.
NE	Negotiated Contract	Contract that are unique or deviate from a Standard Master Contract which has been filed with the OIC within the past 18 months.
NR	Network Report	Carrier submission of Form B Access Plans Geographic Network Report
SG	Small Group	Contract for "off the shelf" products. For all products that contain a standard set of benefits sold to a group (1-50) that is not subject to Negotiation
SP	Provider Contract	Contract between health care service contractors and participating providers.